

Alcohol and Drug Programs

1700 K Street Sacramento, CA 95811



Companion Guide for HIPAA 837P and 835 Transactions

(Professional Health Care Claims and Health Care Claim Payment/Advice)

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1.0 INTRODUCTION

1.1 PURPOSE

The purpose of this Companion Guide is to document any assumptions, conventions, or data issues that may be specific to ADP business processes when implementing the HIPAA ASC X12N Implementation Guides. This Companion Guide does NOT replace the Implementation Guides, nor does it attempt to amend any of the rules therein or impose any mandates on ADP trading partners. Readers of this Companion Guide should be acquainted with the Implementation Guides, their structure and content. Information contained in the HIPAA Implementation Guides has not been repeated here, although the Guides have been referenced when necessary.

The Companion Guide provides information necessary for trading partners to submit claims/encounters electronically to ADP for adjudication and processing through the Short-Doyle Medi-Cal (SD/MC) system. Included are data elements that are either required, or required in certain circumstances, to meet HIPAA validation and SD/MC processing requirements.

1.2 DEFINITIONS OF KEY TERMS

County – This term applies to a county that submits claims or receives remittance advices on behalf of the county.

Direct Contract Provider (DCP) – This term applies to alcohol and drug service providers who contract directly with ADP and submit claims or receive remittance advices from ADP.

SD/MC (Short-Doyle/Medi-Cal) System – This is the claims processing system operated by the Department of Health Services to process SD/MC claims.

1.3 **OVERVIEW**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) legislation mandates that many of the major health care electronic data exchanges, such as electronic claims and remittance advices, be standardized into the same national format for all payers, providers, and clearinghouses. All counties or Direct Contract Providers who submit data electronically to the State of California Department of Alcohol and Drug Programs (ADP) must submit in the mandated HIPAA formats.

HIPAA specifically names several electronic transactions that must be followed when certain health care information is exchanged. These transactions are published as National Electronic Data Interchange Transaction Set Implementation Guides. They are commonly called Implementation Guides (IGs) and are referred to as IGs throughout this document. Additionally, an addendum to each of the IGs has been published and must be used to properly implement each transaction.

This 837P and 835 Companion Guide (CG) is intended primarily for Counties and Direct Contract Provider Information Technology and Systems Staff who support Electronic Data Interchange (EDI) 837P Transactions with ADP.

1.4 SCOPE

The guide covers data elements that are required to meet HIPAA validation and SD/MC processing requirements. This document supplements ASC X12N Implementation Guides which may be found at www.wpc-edi.com. This document shows how ADP uses the EDI ASC X12 837P Electronic Transaction, Version 004010X098A1 for compliance with HIPAA. This document also shows how ADP uses the EDI ASC X12 835 Electronic Transaction, Version 004010X091A1 for compliance with HIPAA.

1.5 NOT IN THE SCOPE OF THE HEALTH CARE CLAIM

Claim transactions for the purpose of the Coordination of Benefits (COB) are outside of the scope of this companion guide. Information about how a particular claim is adjudicated by ADP is also outside of the scope of this companion guide.

1.6 PRIVACY AND SECURITY PROTECTION

This Companion Guide does not specifically address privacy and security protection regarding the use of the system or application technology to send and receive a transaction set. For example, registration and management of users, assignment and exchange of passwords, ID, digital certificates, authentication, authorization, and other access restrictions are not addressed in this Companion Guide. This document assumes that the transaction exchange will take place in a processing and communication environment that is secure at both ends for the senders and the receivers of data.

1.7 BASIC TECHNICAL INFORMATION & PROCESSING ASSUMPTIONS

Some transactions are created and generated by, or on behalf of, a County or Direct Contract Provider. Others are created by ADP either in response to a request received from a county or as a means to provide pertinent information to Counties or Direct Contract Providers. Several processing assumptions must be stated that could include inbound (to ADP) transactions or outbound (from ADP) transactions. The following table identifies each transaction addressed by this companion guide as inbound or outbound.

Inbound	Outbound
837 Professional Health Care Claim- ASC X12N 837(004010X98A1)X	997(Functional Acknowledgment)
837 Professional Health Care Claim- ASC X12N 837(004010X98A1)X	835 Health Care Claim Payment Advice- ASC X12 835(004010X091A1)X

1.8 DATA DELIMITERS:

A data delimiter is a character used to separate two data elements or sub-elements, or to terminate a segment. Delimiters are specified in the interchange header segment, ISA. The ISA segment is a 105-byte, fixed-length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator. Once specified in the interchange control header, delimiters are not to be used in a data element value elsewhere in the transaction.

The following list includes basic technical information for each transaction:

- Lower case characters on inbound transactions are converted to uppercase on outbound transactions.
- The following delimiters are used for all outbound transactions:
 - o * (asterisk) = data element separator
 - o : (colon) = sub element separator
 - \circ ~ (tilde) = segment terminator
- All monetary amounts and quantity fields have explicit decimals. The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer with the decimal point at the right end, the decimal point should be omitted. See the IGs for additional clarification.
- The TA1 is an interchange acknowledgment that is generated when a functional group is rejected.
- The 997 is a functional acknowledgment that is generated in response to all inbound batch transactions from counties.
- If 837P file contains multiple functional groups, ADP generates multiple 997s, each corresponding to one functional group number. All 997s will be placed in a single file.
- If one item within a transaction is noncompliant, the entire transaction (ST-SE) is rejected. If a file has multiple transactions (ST-SE), individual transactions may be rejected while allowing the remaining transactions to continue through processing.
- Data elements required by the IGs, but not used by ADP, can be completed with any valid value to avoid compliance errors.

1.9 TRADING PARTNER REGISTRATION

An ADP EDI Trading Partner is defined as any County or Direct Contract Provider who exchanges (e.g. transmits or receives) electronic claims data with ADP. Any County or Direct Contract Provider who wishes to exchange electronic claims data with ADP must complete a *Trading Partner Agreement*. The *Trading Partner Approver* form is used to indicate which transactions the County or Direct Contract Provider wishes to exchange. The form is available by calling the ADP Help Desk at (800) 456-7890.

1.10 CONTACT INFORMATION

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2.0 837P CONTROL SEGMENTS / ENVELOPE STRUCTURE

2.1 **OVERVIEW**

Appendix A, Section A.1.1 of each X12N HIPAA IGs provides details about the rules for ensuring integrity and maintaining the efficiency of data exchange. Data files are transmitted in an electronic envelope. The communication envelope consists of an interchange envelope and functional groups. The interchange control structure is used for inbound and outbound files. An inbound interchange control structure is the envelope that wraps all transaction data (ST-SE) sent to ADP for processing. Examples include 837P and 997 transactions. An outbound interchange control structure wraps transactions that are created by ADP and returned to the requesting county. Examples of outbound transactions include 835 and 997 transactions. The following tables define the use of this control structure as it relates to communication with ADP.

2.2 SEGMENT AND DATA ELEMENT DESCRIPTION

Each segment table contains rows and columns describing different segment elements. Those components are as follows:

- Segment Name The industry assigned segment name as identified in the IGs
- Segment ID The industry assigned segment ID as identified in the IGs
- Loop ID The loop within which the segment should appear
- Segment Usage Identifies the segment as required or situational
- Segment Notes A brief description of the purpose or use of the segment
- Example An example of a complete segment
- Element ID The industry assigned data element ID as identified in the IGs
- Usage Identifies the data element as R-required, S-situational, or N/A-not used based on ADP guidelines.
- Valid Values If any value exists then that value only is expected. If this is blank then it is the trading partner (TP) discretion to use appropriate value.
- Guide Description/Valid Values Industry name associated with the data element number. If no industry name exists, then it is the IGs data element name. This column also lists in BOLD the values and/or code sets to be used.
- Comments Description of the contents of the data elements including field lengths.

2.3 ISA SEGMENT

This section describes ADP's use of the ISA interchange control segment. It includes a description of expected sender and receiver codes and delimiters. Use uppercase letters in this segment.

Segment Nan	ne	Interchange Control Header				
Segment ID		ISA				
Loop ID		N/A				
Segment Usa	ge	Required				
Segment Notes		All positions within each data element in the ISA segment must be filled. Delimiters are specified in the Interchange Header Segment. The values are as follows: * Asterisk Data Element Separator : Colon Sub element Separator ~ Tilde Segment Terminator				
Example		ISA*00* *00*		30918*1659*U*00401*000000864*1*P*:		
Element ID	Usage	Element Name	Valid Values	Comments		
ISA01	R	Authorization Information Qualifier	00			
ISA02	R	Authorization Information	10 Blanks	Fixed Length		
ISA03	R	Security Information Qualifier	00			
ISA04	R	Security Information	10 Blanks			
ISA05	R	Interchange ID Qualifier	ZZ			
ISA06	R	Interchange Sender ID	For County: C + County Code + 12 Zeroes, For Direct Contract Providers: E + EIN + 5 Zeroes Examples: C590000000000000, E92345678900000	Valid Format		
ISA07	R	Interchange ID Qualifier	ZZ			
ISA08	R		INFOTECHWEBSVCS	This field has to be INFOTECHWEBSVCS		
ISA09	R	Interchange Date		The date format is YYMMDD; The date on which 837 is created		
ISA10	R	Interchange Time		The time format is HHMM; The time at which 837 is created		
ISA11	R	Interchange Control Standards Identifier	U			
ISA12	R	Interchange Control Version Number	00401			
ISA13	R	The Interchange Control Number		Created by the Sender and must have the same value as in the Interchange Trailer (IEA02). It must 9 numeric characters (e.g., 123456789).		
ISA14	R	Acknowledgment Requested	0	If value were 1 = Interchange Acknowledgment (TAI01); Not currently supported 0 - No Interchange Acknowledgment Requested		
ISA15	R	Usage Indicator	T or P	T for Test P for Production		

ISA16	R	Component Element	:	The component element separator is a
		Separator		delimiter and not a data element. It is
				used with composite data elements such
				as CLM05.

2.4 GS SEGMENT

This section describes the ADP use of the GS functional group control segment and the expected sender and receiver codes defined in the trading partner agreement. There can be multiple GS-GE segments in one ISA-IEA segments. Use uppercase letters in this segment.

Segment Nan	1e	Functional Group Header	Functional Group Header			
Segment ID		GS				
Loop ID		N/A				
Segment Usas	ge	Required				
Segment Note	es	The functional group header	used for the 837 is HC.			
Example		GS*HC*C590000000000000	INFOTECHWEBSVCS*20	020606*105531*5*X*004010X096A1~		
Element ID	Usage	Element Name	Valid Values	Comments		
GS01	R	Functional Identifier Code	HC			
GS02	R	Interchange Sender ID	For County: C + County Code + 12 Zeroes, For Direct Contract Providers: E + EIN + 5 Zeroes Examples: C590000000000000, E12345678900000	Valid Format (Specific values defined in Trading Partner Agreements)		
GS03	R	Application Receivers Code	INFOTECHWEBSVCS			
GS04	R	Date		CCYYMMDD		
GS05	R	Time		HHMMSS		
GS06	R	Group Control Number		Must match GE02		
				It has to unique within ISA segment.		
GS07	R	Responsible Agency Code	X			
GS08	R		004010X098A1			

2.5 GE SEGMENT

This section describes the ADP use of the GS functional group control segment and the expected sender and receiver codes defined in the trading partner agreement. There can be multiple GS-GE segments in one ISA-IEA segments. Use uppercase letters in this segment.

Segment Nan	ne	Functional Group Trailer					
Segment ID		GE					
Loop ID		N/A					
Segment Usag	ge	Required					
Segment Note	es	None					
Example		GE*5*399876323~					
Element ID	Usage	Element Name	Valid Values	Comments			
GE01	R	Number of Transaction Sets Included					
GE02	R	Group Control Number Same as GS06					

2.6 IEA SEGMENT

This section describes ADP's use of the IEA interchange control segment. It includes a description of expected sender and receiver codes and delimiters. Use uppercase letters in this segment.

Segment Nan	1e	Interchange Control Trailer				
Segment ID		IEA				
Loop ID		N/A				
Segment Usa	ge	Required				
Segment Notes		None				
Example		IEA*5*399876323~				
Element ID	Usage	Element Name	Valid Values	Comments		
IEA01	R	Number of included functional groups		Number of functional groups included		
				in this interchange envelope		
IEA02	R	Control number		Should be same as ISA13		

2.7 Sample Interchange Control Segment

ISA*00* *00*

*ZZ*C59000000000000*ZZ*INFOTECHWEBSVCS*030918*1659*U*00401*000000864*1*P*: GS*HC*C5900000000000*INFOTECHWEBSVCS*20030921*1659*863*X*004010X098A1

ST - 837 TRANSACTION SET HEADER

DETAIL SEGMENTS

SE - 837 TRANSACTION SET TRAILER

ST - 837 TRANSACTION SET HEADER

DETAIL SEGMENTS

SE - 837 TRANSACTION SET TRAILER

GE*1*863~

IEA*1*000000864~

3.0 837P - HEALTH CARE CLAIM - PROFESSIONAL

3.1 DESCRIPTION OF THE LAYOUT OF THE DATA

The ASC X12N 837P (04010X098A1) transaction is the HIPAA mandated instrument by which professional claims or encounter data must be submitted. As per HIPAA regulation, all electronic professional claims must be submitted using this transaction.

This document is intended only as a Companion Guide and is not intended to contradict or replace any information in the IGs or ADP regulations, Letters, and Notices. It is highly recommended that implementers (Counties and Direct Contract Providers) have the following resources available during the development process:

- ADP 837P & 835 Companion Guide (This Document)
- Health Care Claim Professional 837 Implementation Guide (ASC X12N 837 004010X098)
- Health Care Claim Professional 837 Implementation Guide Addenda (ASC X12N 837 004010X098A1)

Additionally, there are several processing assumptions, limitations, and guidelines that a developer must be aware of when implementing the 837P transaction. The following list identifies these processing stipulations:

- 1. ADP has lifted the restriction that limits CLM segments per ST SE to 5000. The IGs recommends creating this limitation to avert circumstances where file size management may become an issue. Instead, ADP will monitor the processing times for larger files to ensure maximum translator performance.
- 2. All monetary amounts have explicit decimals. The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer, decimal point at the right end, the decimal point should be omitted. See the IGs for additional clarification.
- 3. Negative quantities or amounts are rejected.
- 4. Quantities and amounts have pre-adjudication edits. Refer to the appropriate segments in the IG for ADP formats.
- 5. Other data elements with lengths greater than SD/MC definitions are truncated.
- 6. ADP is referred to as ADP in applicable receiver segments.
- 7. ADP processes a maximum of 50 service lines per claim. Claredi rejects claims if service lines exceed 50.
- 8. ADP treats all 837P transactions as original claims. Claim adjustments and Resubmissions of corrected claims must be submitted per ADP's DMC policies and procedures in the DMC Provider Billing Manual.

3.2 **SEGMENT USAGE**

The following matrix lists only those segments required for submission with the 4010A1 version of the 837P HIPAA Implementation Guideline for the Department of Alcohol and Drug Programs (ADP). Additionally, the matrix includes a column for ADP use for the transaction.

This implementation guideline identifies all required segments for 837P transactions. Failure to include a required segment results in a compliance error. A situational segment is not required for every type of transaction; however, a situational segment may be required under certain circumstances.

Segment Usage Table – 837 Professional

Segment ID	Loop ID	Segment Name	R – Required S - Situational
ST	N/A	Transaction Set Header	R
BHT	N/A	Beginning of Hierarchical Transaction	R
REF	N/A	Transmission Type Identifier	R
NM1	1000A	Submitter Name	R
PER	1000A	Submitter EDI Contact Information	R
NM1	1000B	Receiver Name	R
HL	2000A	Billing/Pay-To Hierarchical Level	R
PRV	2000A	Billing/Pay-to Provider Specialty Information	S
NM1	2010AA	Billing Provider Name	R
N3	2010AA	Billing Provider Address	R
N4	2010AA	Billing Provider City/State/ZIP Code	R
REF	2010AA	Billing Provider Secondary Identification	S
NM1	2010AB	Pay-To Provider Name	S
N3	2010AB	Pay-To Provider Address	S
N4	2010AB	Pay-To Provider City/State/ZIP Code	S
REF	2010AB	Pay-To Provider Secondary Identification	S
HL	2000B	Subscriber Hierarchical Level	R
SBR	2000B	Subscriber Information	R
NM1	2010BA	Subscriber Name	R
N3	2010BA	Subscriber Address	R
N4	2010BA	Subscriber City/State/ZIP Code	R
DMG	2010BA	Subscriber Demographic Information	R
NM1	2010BB	Payer Name	R

Segment ID	Loop ID	Segment Name	R – Required S - Situational
CLM	2300	Claim Information	R
DTP	2300	Date – Admission	S
DTP	2300	Date – Discharge	S
AMT	2300	Patient Amount Paid	S
REF	2300	Medical Record Number	R
НІ	2300	Health Care Diagnosis	S
NM1	2310B	Rendering Provider Name	S
PRV	2310B	Rendering Provider Specialty Information	S
NM1	2310D	Service Facility Location	S
REF	2310D	Service Facility Location Secondary Identification	S
N3	2310D	Service Facility Location Address	R
N4	2310D	Service Facility Location City/State/ ZIP	R
SBR	2320	Other Subscriber Information	S
CAS	2320	Claim Level Adjustments	S
AMT	2320	Coordination of Benefits (COB) Payer Paid Amount	S
AMT	2320	Coordination of Benefits (COB) Allowed Amount	S
DMG	2320	Subscriber Demographic Information	S
OI	2320	Other Insurance Coverage Information	S
NM1	2330A	Other Subscriber Name	S
NM1	2330B	Other Payer Name	S
DTP	2330B	Claim Adjudication Date	S
LX	2400	Service Line Number	R
SV1	2400	Professional Service	R
DTP	2400	Date – Service Date	R
REF	2400	Line Item Control Number	R
NTE	2400	Line Note	S
NM1	2420A	Rendering Provider Name	S
PRV	2420A	Rendering Provider Specialty Information S	
NM1	2420C	Service Facility Location S	
N3	2420C	Service Facility Location Address S	
N4	2420C	Service Facility Location City/State/ ZIP	S
REF	2420C	Service Facility Location Secondary ID	S
SVD	2430	Line Adjudication Information	S

Segment ID	Loop ID	Segment Name	R – Required S - Situational
CAS	2430	Line Adjustment	S
DTP	2430	Line Adjudication Date	S
SE	N/A	Transaction Set Trailer	R

3.3 SEGMENT AND DATA ELEMENT DESCRIPTION

This section contains a tabular representation of any segment required or situational for ADP HIPAA implementation of the 837P.

Segment Nan	1e	Transaction Set Header		
Segment ID		ST		
Loop ID		N/A		
Segment Usas	ge	Required		
Segment Note	es	This segment begins the transaction.		
Example		ST*837*0001~		
Element ID	Usage	Element Name	Valid Values	Comments
ST01	R	Transaction Set Identifier	837	
		Code		
ST02	R	This number is assigned by the send		
				ST02 must match SE02

Segment Name Beginning of Hierarchical Transaction				
Segment ID		BHT		
Loop ID		N/A		
Segment Usas	ge	Required		
Segment Note	es	This segment provides the bill da	te of the claim su	bmitted.
Example		BHT*0019*00*4144000001*20	030416** CH~	
Element ID	Usage	Element Name	Valid Values	Comments
BHT01	R	Information Source	0019	
BHT02	R	Transaction Set Purpose Code	00	00 = original
BHT03	R	Originator Application Transaction Identifier		
BHT04	R	Transaction Set Creation Date		This date will not be used to determine the age of the claim. The date received by the state will be compared to the service dates on the service lines to determine claim age.
BHT05	S	Transaction Set Creation Time		
BHT06	R	Claim or Encounter Identifier	СН	"CH" only value for claiming Medi-Cal.

Segment Nan	ne	Transaction Type Identification			
Segment ID		REF			
Loop ID		N/A			
Segment Usag	ge	Required			
Segment Note	es	This segment identifies the X12N version for test and production.			
Example		REF*87*004010X098A1~			
Element ID	Usage	Element Name	Valid Values	Comments	
REF01	R	Reference Identification	87	Functional Category	
		Qualifier			
REF02	R	Transmission Type Code	Transmission Type Code 004010X098A1 Test value should be 004010X098DA		
				test value is also indicated in ISA15)	

Segment Nan	ne	Submitter Name				
Segment ID		NM1				
Loop ID		1000A				
Segment Usa	ge	Required				
Segment Note	es	This will either be a county of	or clearinghouse.			
Example		NM1*41*2*ORANGE COU	NTY HEALTH CARE AGE	NCY****46*30~		
Element ID	Usage	Element Name	Valid Values	Comments		
NM101	R	Entity Identifier Code	41			
NM102	R	Entity Type Qualifier	2	2 –Non person 1-person		
NM103	R	Submitter Last Name or	Submitter Last Name or Example: XYZ Assigned to			
		Organization Name	COUNTY HEALTH			
			CARE AGENCY			
NM104	N/A	Submitter First Name	Not Used			
NM105	N/A	Submitter Middle Name	Not Used			
NM106	N/A	Name Prefix	Not Used			
NM107	N/A	Name Suffix	Not Used			
NM108	R	Identification Code	46			
NM109	R	Submitter Identifier	County: County Code	County: 2 digit County Code		
			Direct Contract Provider:	Direct Contract Provider: 9 digit EIN		
			EIN			
			Example: 30, 923456789			

Segment Nam	ne	Submitter EDI Contact Information			
Segment ID		PER			
Loop ID		1000A			
Segment Usag	ge	Required			
Segment Note	es	Submitter EDI Contact Information			
Example		PER*IC*FERMIN*TE*1234567890*	EM*abc@AAA.	COM~	
Element ID	Usage	Element Name	Valid Values	Comments	
PER01	R	IC – Information Contact	IC		
PER02	R	Submitter Contact Name		Can use "Billing Department"	
PER03	R	Communication Number Qualifier	TE	Values Used:	
				ED, EM, EX FX, TE	
				Used when additional contact numbers are	
				to be communicated – submitters option.	
PER04	R	Submitters Communication Number		999.999.9999	
PER05	S	Communication Number Qualifier	Not Used		
PER06	S	Communication Number	Not Used		
PER07	S	Communication Number Qualifier	Not Used		
PER08	S	Communication Number	Not Used		

Segment Nan	ne	Receiver Name			
Segment ID		NM1			
Loop ID		1000B			
Segment Usas	ge	Required			
Segment Note	es	Receiver of this Transaction			
Example	NM1*40*2*ADP****46* INFOTECHWEBSVCS				
Element ID	Usage	Element Name	Valid Values	Comments	
NM101	R	Entity Identifier Code	40		
NM102	R	Entity Type Qualifier	2	(2=Non-person Entity)	
NM103	R	ADP Enter ADP			
NM108	R	Identification Code Qualifier 46			
NM109	R	Receiver Identifier.	INFOTECHWEBSVCS	Use this value.	

Segment Nam	ne	Billing/Pay-To Provider Hierarchical Level			
Segment ID		HL			
Loop ID		2000A			
Segment Usag	ge	Required			
Segment Note	es	Billing Pay-To Hierarchical Level			
Example	Example HL*1**20*1~				
Element ID	Usage	Element Name	Valid Values	Comments	
HL01	R	Hierarchical ID Number	1	Must begin with the number 1 and increment by one each time an HL is used.	
HL03	R	Hierarchical Level Code 20			
HL04	R	Hierarchical Child Code	1		

Segment Nan	1e	Billing Provider Name			
Segment ID		NM1			
Loop ID		2010AA			
Segment Usas	ge	Required			
Segment Note	es	This will either be a cou	nty or Direct Con	tract Provider. The NPI is reported in this segment, and	
		the EIN/Tax ID must be	reported in the R	EF segment.	
Example		NM1*85*2*YORK CO	UNTY HEALTH	CARE AGY****XX*1234567893	
Element ID	Usage	Element Name Valid Values Comments			
NM101	R	Entity Identifier Code	85		
NM102	R	Entity Type Qualifier	1, 2	(2=non-person), (1=individual, i.e. sole proprietor)	
NM103	R	Billing Provider		This will be passed to the 835 if Loop 2010AB is not	
		Name.		used.	
NM104	S	Billing Provider First	Not Used		
		Name			
NM105	S	Billing Provider	Not Used		
		Middle Name			
NM107	S	Name Suffix	Not Used		
NM108	R	Identification Code	XX	XX = NPI	
		Qualifier			
NM109	R	Billing Provider ID	1234567893	This must be a valid NPI	

Segment Name Billing Provider Address					
Segment ID		N3			
Loop ID		2010AA			
Segment Usas	ge	Required			
Segment Note	es	Billing Provider Address			
Example		N3*66 HURLBUT STREET~			
Element ID	Usage	Element Name	Valid Values	Comments	
N301	R	Billing Provider Address Information			
N302	S			Required if Second Address Line exists	

Segment Nan	1e	Billing Provider City/State/Zip Code			
Segment ID		N4			
Loop ID		2010AA			
Segment Usag	ge	Required			
Segment Note	es	Billing Provider City/State/ZIP			
Example		N4*PASADENA*CA*91104~			
Element ID	Usage	Element Name	Valid Values	Comments	
N401	R	City Name			
N402	R	State or Province Code			
N403	R	Postal Code			
N404	S		Not Used		

Segment Nan	ne	Billing Provider Secondary Identification			
Segment ID		REF			
Loop ID		2010AA			
Segment Usas	ge	Required			
Segment Note	es	The Tax ID/EIN reported here will be sent back on the 835 in the 1000B N1 segment.			
Example		REF*EI*940000068~			
Element ID	Usage	Element Name	Valid Values	Comments	
REF01	R	Reference Identification Qualifier	EI		
REF02	R	Employer Identification Number		Is the Tax ID/ EIN	

Segment Nam	ie	Subscriber Hierarchical Level			
Segment ID		HL			
Loop ID		2000B			
Segment Usag	ge	Required			
Segment Note	es	Subscriber Hierarchical Level			
Example		HL*2*1*22*1~			
Element ID	Usage	Element Name	Valid Values	Comments	
HL01	R	Hierarchical ID Number	2	Increment by one for each HL segment in transaction.	
HL02	R	Hierarchical Parent ID Number	1	Use the HL01 value of the Billing/Pay-to Provider in 2000A.	
HL03	R	Hierarchical Level Code	22		
HL04	R	Hierarchical Child Code	0	The subscriber is always the patient for ADP	

Segment Nan	1e	Subscriber Information			
Segment ID		SBR			
Loop ID		2000B			
Segment Usa	ge	Required			
Segment Note	es	Subscriber Information			
Example		SBR*P*18******MC~			
Element ID	Usage	Element Name	Valid Values	Comments	
SBR01	R	Payer Responsibility	P	COB - Do not use "S" or "T" unless COB information is included on the claim.	
SBR02	R	Individual Relationship Code	18		
SBR03	S	Insured Group or Policy Number	Not Used		
SBR04	S	Group or Plan Name	Not Used		
SBR05	S	Insurance Type Code	Not Used		

Segment Nam	1e	Subscriber Name				
Segment ID		NM1				
Loop ID		2010BA				
Segment Usag	ge	Required				
Segment Note	es	This segment identifies the sul	scriber and must	include the Subscriber Identification Number.		
Example		NM1*IL*1*DOE* JOHN****				
Element ID	Usage	Element Name	Valid Values	Comments		
NM101	R	Entity Identifier Code	IL	1L = "Insured" or "Subscriber"		
NM102	R	Entity Type Qualifier	1	For SD/MC use "1" = Person.		
NM103	R	Subscriber Last Name or Organization				
NM104	S	Subscriber First Name				
NM105	N/A	Subscriber Middle Name		Can be MI or blank		
NM107	S	Name Suffix	Not Used			
NM108	R	Identification Code Qualifier	MI	MI = Member Identification		
NM109	R	Subscriber Identifier		The same Beneficiary ID formats may be used under HIPAA as in the proprietary claim (see comments). The long-term objective format is the Client Index Number (CIN). Also, to comply with the Privacy Rule's minimum necessary disclosure of client identifiable information, it is recommended to not use the SSN. Acceptable Beneficiary Identification Formats: 1) County code, aid code, "C", followed by CIN Example: 1330C98630052A		
				(13-30-C-98630052A) 2) CIN Example: 98630052A (98630052A)\		

Segment Nan	ne e	Subscriber Address		
Segment ID N3				
Loop ID 2010BA				
Segment Usas	ge	Required		
Segment Note	es	This is required due to situational guide notes, but not used in SD/MC.		
Example		N3*250 E WASHINGTON BLVD~		
Element ID	Usage	Element Name	Valid Values	Comments
N301	R	Subscriber Address Line		"HOMELESS" may be used if appropriate.
N302	S	Subscriber Address 2		In case of Homeless subscribers, this field can be
				omitted or be populated with the provider's address.

Segment Name Subscriber City/State/Zip Code					
Segment ID		N4			
Loop ID	2010BA				
Segment Usa	ge	Required			
Segment Not	es	This is required due to situational guide notes, but not used in SD/MC.			
Example N4*PASADENA*CA*91104~		1104~			
Element ID	Usage	Element Name	Valid Values	Comments	
N401	R	City Name		If unknown or in case of Homeless subscribers, use the provider's city.	
N402	R	State or Province Code	CA		
N403	R	Postal Code		If unknown or in case of Homeless subscribers, use the provider's postal code.	

Segment Nan	1e	Subscriber Demographic Information				
Segment ID		DMG				
Loop ID		2010BA				
Segment Usa	ge	Required				
Segment Note	es	This segment identifies the Subscriber Demographic Information.				
Example		DMG*D8*19540506*M~				
Element ID	Usage	Element Name	Valid Values	Comments		
DMG01	R		D8	Date expressed in format CCYYMMDD		
DMG02	R	Subscriber Birth Date	CCYYMMDD			
DMG03	R	Subscriber Gender Identification		Valid Values:		
				M – Male		
				F – Female		
				U - Unknown		

Segment Nan	1e	Payer Name			
Segment ID		NM1	NM1		
Loop ID		2010BB			
Segment Usas	ge	Required			
Segment Note	es	This segment identifies the p	payer and must include	the Payer Identification Number.	
Example		NM1*PR*2*ADP*****PI*951234567~			
Element ID	Usage	Element Name	Valid Values	Comments	
NM101	R	Entity Identifier Code	PR	PR=Payer	
NM102	R	Entity Type Qualifier	2	2=Non Person	
NM103	R	Organization Name	ADP	Use "ADP" only.	
NM108	R	Identification Code	PI	PI= Payer Identification	
		Qualifier			
NM109	R	Payer Primary ID	20, 25	Enter the Program Code here	
				20 - ADP, Non-Perinatal Services	
				25 - ADP, Perinatal Services	

Segment Nar	ne	Claim Information				
Segment ID		CLM				
Loop ID		2300				
Segment Usa	ge	Required				
Segment Not	es	This loop should be subordin				
Example		CLM*1887*2361.58***55:::1	I*Y*A*Y*Y*B	********1~		
Element ID	Usage	Element Name	Valid Values	Comments		
CLM01	R	Patient Account Number		From 837P Guide "Patient account number" or claim number is echoed back on the 835 - recommend unique numbers for each individual claim. Used to match the claim with the payment information on the 835. CLM01 on 837 ties to CLP01 on the 835.		
CLM02	R	Total Claim Amount				
CLM05	R	Place of Service Code				
CLM05-01	R	Facility Type Code		Used in SD/MC if service line POS not used. Check the Service Code Crosswalk for specific codes that may be necessary depending on the services rendered. Otherwise, any valid code may be used.		
CLM05-03	R		1 Original	All claims are processed as originals.		
CLM06	R	Provider Signature on File		Always use "Y" unless ADP instructions indicate otherwise. Need signature on file at county for authority to bill to SD/MC		
CLM07	R	Medicare Assignment Code		In the absence of COB information (Loop2320), a value of "C" (Not Assigned) equals "H" (Non-Medicare certified provider) in SD/MC		
CLM08	R	Assignment of Benefit Indicator	Y	Always use "Y" unless ADP instructions indicate otherwise.		
CLM09	R	Release of Information Code		I = informed consent, Y = signature on file		
CLM10	S	Patient Signature Source Code	P	As recommended by federal Office of Civil Rights		
CLM20	S	Delay Reason Code	1	See Crosswalk Only required if explanation for the late claim submission is needed.		

Segment Nam	ie	Date – Admission			
Segment ID		DTP			
Loop ID		2300			
Segment Usag	ge	Situational			
Segment Note	es	ADP - Required for hospitals only			
Example		DTP*435*D8*20030915~			
Element ID	Usage	Element Name	Valid Values	Comments	
DTP01	R	Date/Time Qualifier	435		
DTP02	R	Date/Time Format	D8	CCYYMMDD	
DTP03	R	Date Time Period			

Segment Nan	1e	Date – Discharge				
Segment ID		DTP				
Loop ID		2300				
Segment Usas	ge	Situational				
Segment Note	es	ADP - Required for hospitals only. Populate only on the last claim for the encounter				
Example		DTP*096*D8*20030915~				
Element ID	Usage	Element Name Valid Values Comments				
DTP01	R	Date/Time Qualifier	096			
DTP02	R	Date/Time Format	D8	CCYYMMDD		
DTP03	R	Date Time Period				

Segment Nan	ne	Patient Amount Paid				
Segment ID		AMT				
Loop ID		2300				
Segment Usas	ge	Situational				
Segment Note	es	This is required if the Patient has Paid any amount towards the claim				
Example		AMT*F5*152.45~				
Element ID	Usage	Element Name	Valid Values	Comments		
AMT01	R	Amount Qualifier Code	F5	Medi-Cal share of cost (SOC)		
AMT02	R	Patient Amount Paid		Medi-Cal share of cost (SOC). This will be placed on the 835 if provided.		

Segment Nan	ne	Medical Record Number				
Segment ID		REF				
Loop ID		2300				
Segment Usa	ge	Required				
Segment Note	es	This segment Identifies the patient's Medical Record Number.				
Example		REF*EA*7251A001~				
Element ID	Usage	Element Name	Valid Values	Comments		
REF01	R	Reference Identification Qualifier	EA			
REF02	R	Medical Record Number		Put County Patient Medical Record here.		
				Chart #		
				Match to CSI		
				Used for audits		

Segment Nam	ne	Health Care Diagnosis Code				
Segment ID		HI				
Loop ID		2300				
Segment Usag	ge	Situational				
Segment Note	es		This is required on all claims. Do not send decimal points. The actual diagnosis pulled for a specific service will depend on the diagnosis pointer in SV107.			
Example		HI*BK:30030~				
Element ID	Usage	Element Name	Valid Values	Comments		
HI01-01	R	Code List Qualifier Code	BK			
HI01-02	R	Industry Standard Code Value		According to ICD-9 codes. Refer to Table F for a list of ICD-9 codes used by ADP		
HI02-01	S	Code List Qualifier Code				
HI02-02	S	Industry Standard Code Value		According to ICD-9 codes		
HI03-01	S	Code List Qualifier Code				
HI03-02	S	Industry Standard Code Value		According to ICD-9 codes		
HI04-01	S	Code List Qualifier Code				
HI04-02	S	Industry Standard Code Value		According to ICD-9 codes		
HI05-01	S	Code List Qualifier Code				
HI05-02	S	Industry Standard Code Value		According to ICD-9 codes		
HI06-01	S	Code List Qualifier Code				
HI06-02	S	Industry Standard Code Value		According to ICD-9 codes		
HI07-01	R	Code List Qualifier Code				
HI07-02	R	Industry Standard Code Value		According to ICD-9 codes		
HI08-01	R	Code List Qualifier Code				
HI08-02	R	Industry Standard Code Value		According to ICD-9 codes		

Segment Nan	ne	Rendering Provider Nam	e		
Segment ID		NM1			
Loop ID		2310B			
Segment Usag	ge	Situational			
Segment Note	es	This segment is required for	r counseling services billed	with Procedure Codes H0004 and H0005.	
				This segment is optional for services billed	
				ors or individuals providing service,	
		populate loop 2420A as app	•		
Example		NM1*82*1*FEELGOOD*	PHIL****XX*1234567893	-	
Element ID	Usage	Element Name	Valid Values	Comments	
NM101	R	Entity Identifier Code	82		
NM102	R	Entity Type Qualifier	1 or 2	1= individual for procedure codes	
				H0004 and H0005; $1 = \text{individual or } 2 =$	
				group for optional segment reporting	
NM103	R	Counselor's last name			
NM104	S	Counselor's first name			
NM105	S		Not used in SD/MC		
NM107	S		Not Used		
NM108	R		XX		
				XX = NPI	
NM109	R	Rendering Provider ID		Must be a valid Type 1 or 2 NPI	
				identifying the rendering provider.	

Segment Nan	ne	Service Facility Location			
Segment ID		NM1			
Loop ID		2310D			
Segment Usa	ge	Situational			
Segment Note	es	The purpose of this loop is to identify specifically where the service was rendered, if rendered in a location different than that carried in the 2010AA (Billing Provider) loop. The provider identifier from this loop will be used in the Short-Doyle claim system, unless the loop is not used or there are multiple provider codes for the claim. Multiple provider codes should be reflected in loop 2420C as appropriate			
Example		NM1* FA*2*A-OK CLINIC*****XX*1234567893~			
Element ID	Usage	Element Name	Valid Values	Comments	
NM101	R	Entity Identifier Code	FA	Other codes used 77 – Service Location FA – Facility	
NM102	R	Entity Type Qualifier	2		
NM103	S	Organization Name	A-OK CLINIC	Required except when service was rendered in the patient's home.	
NM108	S		XX	XX = NPI	
NM109	R	Laboratory or Facility Primary Identifier		Must be a valid NPI identifying the service facility location.	

Segment Nan	1e	Service Facility Location Address				
Segment ID		N3				
Loop ID		2310D				
Segment Usas	ge	Required				
Segment Note	es	Service Facility Location Address				
Example	e N3*123 MAIN STREET~					
Element ID	Usage	Element Name	Valid Values	Comments		
N301	R	Service Facility Location Address				
		Information				
N302	S			Required if Second Address Line exists		

Segment Nan	ne	Service Facility Location City/State/Zip Code				
Segment ID		N4				
Loop ID		2310D				
Segment Usa	ge	Required				
Segment Note	es	Service Facility Location City/State/ZIP				
Example N4*PASADENA*C			A*91104~			
Element ID	Usage	Element Name	Valid Values	Comments		
N401	R	City Name				
N402	R	State or Province Code				
N403	R	Postal Code				
N404	S		Not Used			

Segment Nam	ie	Other Subscriber Information			
Segment ID		SBR			
Loop ID		2320			
Segment Usag	ge	Required			
Segment Note	s	Only use for COB situations, including indication of Medicare or Other Health Coverage denial.			
Example		SBR*P*18***MB****MB~			
Element ID	Usage	Element Name Valid Values Comments			
SBR01	R	Payer Responsibility Sequence Number Code	P		

SBR02	R	Individual Responsibility Code	18	
SBR03	S			Not used
SBR04	S			Not used
SBR05	R	Insurance Type Code	MB	
SBR09	N/A	Claim Filing Indicator Code	MB	See Crossover Indicator
				Crosswalk

Segment Nan	ne	Claim Level Adjustments				
Segment ID		CAS				
Loop ID		2320				
Segment Usa	ge	Situational				
Segment Note	es					
Example						
Element ID	Usage	Element Name	Valid Values	Comments		
CAS01	R	Claim Adjustment Group Code				
CAS02	R	Adjustment Reason Code				
CAS03	S	Claim Adjustment Reason Code				
CAS04	S	Adjustment Quantity				
CAS05	S	Adjustment Reason Code				
CAS06	S	Adjustment Amount				
CAS07	S	Adjustment Quantity				
CAS08	S	Adjustment Reason Code				
CAS09	S	Adjustment Amount				
CAS10	S	Adjustment Quantity				
CAS11	S	Adjustment Reason Code				
CAS12	S	Adjustment Amount				
CAS13	S	Adjustment Quantity				
CAS14	S	Adjustment Reason Code				
CAS15	S	Adjustment Amount				
CAS16	S	Adjustment Quantity				
CAS17	S	Adjustment Reason Code				
CAS18	S	Adjustment Amount				
CAS19	S	Adjustment Quantity				

Segment Nam	ne	Coordination of Benefits (COB) Payer Paid Amount			
Segment ID		AMT			
Loop ID		2320			
Segment Usag	ge	Situational			
Segment Note	es	Required if claim has been adjudicated by the payer identified in this loop. It is acceptable to show "0" amount paid.			
Example		AMT*D*152.45~			
Element ID	Usage	Element Name	Valid Values	Comments	
AMT01	R	Amount Qualifier Code	D		
AMT02	R	COB Payer Paid Amount		Submitters - Crosswalk from CLP04 in 835 when doing COB. This will only be used if line level COB payment information is not available. This segment is required to pass HIPAA validation if doing COB. For non-covered services use zero (0) to satisfy the requirements.	

Segment Nan	ne	COB Allowed Amount				
Segment ID		AMT				
Loop ID		2320				
Segment Usa	ge	Situational				
Segment Not	es	Only used to identify situations where a Medicare recipient is receiving services from a Medicare provider that are denied or not covered by Medicare.				
Example		AMT*B6*152.45~				
Element ID	Usage	Element Name	Valid Values	Comments		
AMT01	R	Amount Qualifier Code	B6	B6=Allowed actual		
AMT02	R	Allowed Amount		If the value is equivalent to zero, and Medicare is indicated in the COB data, this equals "N" Crossover Indicator value in SD/MC.		

Segment Nan	ne	Other Subscriber Information				
Segment ID		DMG				
Loop ID		2320				
Segment Usa	ge	Situational				
Segment Note	es	This segment identifies the Subscribe	er Demographic Infor	mation.		
Example DMG*D8*19540506*M~						
Element ID	Usage	Element Name	Valid Values	Comments		
DMG01	R	Date Time Period Format Qualifier	D8			
DMG02	R	Other Insured Birth Date				
DMG03 R Other Insured Gender G		Other Insured Gender Code	M – Male			
			F – Female			
			U – Unknown			

Segment Nam	ne	Other Insurance Coverage Information					
Segment ID		OI					
Loop ID		2320					
Segment Usag	ge	Situational					
Segment Note	es	This information applies only to	the Payer of the Claim.				
Example		OI***Y*B**Y~					
Element ID	Usage	Element Name	Valid Values	Comments			
OI03	R	Yes/No Condition or Response		Valid Values:			
				Y – Yes			
				N - No			
OI04	R	Patient Signature Source Code	В				
OI06	R	Release of Information Code	Y				

Segment Nan	1e	Other Subscriber Name					
Segment ID		NM1					
Loop ID		2330A					
Segment Usas	ge	Situational					
Segment Note	es	This segment identifies Other Subscriber Infor	mation in the Claim.				
Example		NM1* IL*1*DOE*JOHN****MI*196092449	00334~				
Element ID	Usage	Element Name	Valid Values	Comments			
NM101	R	Entity Identifier Code	IL – Insured or Subscriber				
NM102	R	Entity Type Qualifier	1 – Person				
NM103	R	Submitter Last Name or Organization Name	DOE				
NM104	S	Submitter First Name	JOHN	Not used			
NM105	S	Submitter Middle Name	Not Used	Not Used			
NM107	S	Name Suffix	Not Used	Not Used			
NM108	R	Identification Code Qualifier	MI				
NM109	R	Sender Identifier	19609244900334				

Segment Nan	ne	Other Payer Name					
Segment ID		NM1					
Loop ID		2330B					
Segment Usag	ge	Situational					
Segment Note	es	This segment identifies Other Payer Information	on in the Claim.				
Example		NM1* PR*2*MEDI-CAL*****PI*951234567~					
Element ID	Usage	Element Name	Valid Values	Comments			
NM101	R	Entity Identifier Code	PR - Payer				
NM102	R	Entity Type Qualifier	2 – Non-Person Entity				
NM103	R	Submitter Last Name or Organization Name MEDI-CAL					
NM108	R	Identification Code Qualifier PI- Payer IDENTIFICATION					
NM109	R	Payer Identifier	951234567				

Segment Nam	ne	Date – Service Date				
Segment ID		DTP				
Loop ID		2330B				
Segment Usag	ge	Situational				
Segment Note	es	This segment is used to specify a time period.				
Example DTP*573*D8*20030314~						
Element ID	Usage	Element Name	Valid Values	Comments		
DTP01	R	Date/Time Qualifier	573			
DTP02	R	Date Time Period Format Qualifier.	CCYYMMDD			
DTP03	R	Date/Time Period				

Segment Nan	ne e	Service Line			
Segment ID		LX			
Loop ID		2400			
Segment Usas	ge	Required			
Segment Note	es	This segment identifies Service Lines in a Claim.			
Example		LX*1~			
Element ID	Usage	Element Name	Valid Values	Comments	
LX01	R	Line Counter 1		Start with 1 and increment by 1 for each service line on the	
				claim.	

Segment Nan	ne	Professional Service					
Segment ID		SV1					
Loop ID		2400	400				
Segment Usa	ge	Required					
Segment Not		This segment specifies claim	service detail.				
Example		SV1*HC:H0019*2361.58*UN*31*55**1~					
Element ID	Usage	Element Name	Valid Values	Comments			
SV101-01	R	Product/Service ID Qualifier	НС	HC only code used. Other valid values are not used in SD/MC.			
SV101-02	S	Procedure Code		See Service Code Crosswalk			
SV101-03	S	Procedure Modifier 1		See Crosswalk. Duplicate Payment Override may be indicated here if needed.			
SV101-04	S	Procedure Modifier 2		See Crosswalk. Duplicate Payment Override may be indicated here if needed.			
SV101-05	S	Procedure Modifier 3		See Crosswalk. Duplicate Payment Override may be indicated here if needed.			
SV101-06	S	Procedure Modifier 4		See Crosswalk. Duplicate Payment Override may be indicated here if needed.			
SV102	R	Line Item Charge Amount		Values exceeding six places to the left of the decimal cannot be processed correctly by SD/MC.			
SV103	R	Unit or Basis for Measurement		UN=Unit See Service Code Crosswalk			
SV104	R	Service Unit Count		See Crosswalk. If the value is reduced during adjudication, this value will be passed to SVC07 on the 835.			
SV105	S	Place of Service Code		Only required if the Place of Service differs from the value provided in CLM05-1. Check the Service Code Crosswalk for specific codes that may be necessary depending on the services rendered. Otherwise, any valid code may be used.			
SV107-01	S	Diagnosis Code Pointer		This value determines which diagnosis code provided in Loop 2300 will be used for processing. If only one diagnosis is submitted, this value should be "1"			
SV108	N/A	Monetary Amount	Not Used	Not Used			
SV109	S	Emergency Indicator		Not used in SD/MC			

Segment Nam	1e	Date – Service Date					
Segment ID DTP							
Loop ID		2400					
Segment Usag	ge	e Required					
Segment Note	es	This segment is used to	to specify a time period.				
Example DTP*472*D8*20030314~							
Element ID	Usage	Element Name	Valid Values	Comments			
DTP01	R	Date/Time Qualifier	472				
DTP02	R		D8, RD8	D8=CCYYMMDD RD8=CCYYMMDD- CCYYMMDD			
DTP03	R	Date/Time Period	With D8: 20030314; with RD8: 20030314-	The Service Month and Year for all the service lines must be the same. The transaction set is rejected if there are claims/services from more			
			20030322	than one service period.			

Segment Nan	1e	Line Item Contr	ol Number	
Segment ID		REF		
Loop ID		2400		
Segment Usa	ge	Required		
Segment Note	es	This Segment is t	he Provider	Control Number.
Example		REF*6R*31063~		
Element ID	Usage	Element Name	Valid Values	Comments
REF01	R	Reference Identification Number	6R	
REF02	R	Reference Identification		Unique claim ID across all service lines. Maximum length of 23 characters due to SD/MC limitations. All 30 characters will be passed through to 835. The first five characters should be an increasing serial number for each provider. See the section on Unique Claim ID requirements. For translation to proprietary SD/MC claim and EOB: Characters 1 through 5 map to the SD/MC Claim Serial Number Characters 6 through 20 mapped to the SD/MC County Use 1. Characters 21 through 23 mapped to the SD/MC County Use 2.

Segment Nan	ne	Line Note					
Segment ID		NTE					
Loop ID		2400	2400				
Segment Usa	ge	Situational					
Segment Note	es	For use with ADP codes for LAAM and Naltrexone only.					
Example		NTE*ADD*1					
Element ID	Usage	Element Name	Valid Values	Comments			
NTE01	R	Note Reference Code	ADD				
NTE02	R	Description $1 = LAAM$,		Used only with the Procedure Code			
			2 = Naltrexone	H0047			

Segment Nan	1e	Rendering Provider Name				
Segment ID		NM1				
Loop ID		2420A				
Segment Usa	ge	Situational				
Segment Note	es	Use this loop if there are multiple counse	elors or other prof	essionals rendering service.		
Example		NM1* 82*1*SMITH*JUNE*L***XX*	1234567893~			
Element ID	Usage	Element Name Valid Values Comments				
NM101	R	Entity Identifier Code	82			
NM102	R	Entity Type Qualifier	1			
NM103	R	Rendering Provider Last or Org Name				
NM104	S	Rendering Provider First Name		Required when the provider is a person.		
NM105	S	Rendering Provider Middle Name				
NM107	S	Rendering Provider Name Suffix				
NM108	R	Identification Code Qualifier XX		XX = NPI		
NM109	R	Rendering Provider Primary Identifier	1234567893	Must be a valid Type 1 NPI identifying the rendering provider.		

Segment Name		Service Facility Location					
Segment ID		NM1					
Loop ID		2420C					
Segment Usage		Situational					
Segment Notes		Required when the location of health care services for this service line is different than carried in the 210AA (Billing Provider) or 2310D (Service Facility Location) loops. If this loop is populated, the provider identifier from this loop will be used in the Short-Doyle claim system.					
Example		NM1* TL*2*A-OK MOBILE CLINIC*****XX*1234567893~					
Element ID	Usage	Element Name	Valid Values	Comments			
NM101	R	Entity Identifier Code	TL				
NM102	R	Entity Type Qualifier	2				
NM103	R	Submitter Last Name or Organization Name					
NM104	N/A		Not used				
NM105	N/A		Not used				
NM106	N/A		Not Used				
NM107	N/A		Not Used				
NM108	R	Identification Code Qualifier	XX	XX = NPI			
NM109	R	Service Facility Location ID Number		Must be a valid NPI identifying the Service Facility Location			

Segment Name		Service Facility Location Address				
Segment ID		N3				
Loop ID		2420C				
Segment Usage		Required				
Segment Notes		This is not used in SD/MC, but is still a required part of Loop 2420C.				
Example		N3*66 HURLBUT STREET~				
Element ID	Usage	Element Name	Valid Values	Comments		
N301	R	Service Facility Location				
		Address 1				
N302	S	Service Facility Location				
		Address 2				

Segment Name		Service Facility Location City/State/ ZIP				
Segment ID		N4				
Loop ID		2420C				
Segment Usage		Required				
Segment Notes		This is not used in SD/MC, but is still a required part of Loop 2420C.				
Example		N4*PASADENA*CA*91104~				
Element ID	Usage	Element Name	Valid Values	Comments		
N401	R	Service Facility Location City				
N402	R	Service Facility Location State				
N403	R	Service Facility Location ZIP				

Segment Nan	ne	Line Adjudication Information			
Segment ID		SVD			
Loop ID		2430			
Segment Usa	ge	Situational			
Segment Note	es	This is the primary value that will	be used for Medicare/Other	Health Coverage amount if available.	
Example		SVD*43*55*HC: 90829**3~			
Element ID	Usage	Element Name	Valid Values	Comments	
SVD01	R	Other Payer Primary ID	43		
SVD02	R	Service Line Paid Amount	55	This is the primary value that will be used if available.	
SVD03	R	Procedure Identifier			
SVD03-01	R	Product or Service ID Qualifier	HC		
SVD03-02	R	Procedure Code	90829		
SVD03-03	S	Procedure Modifier 1			
SVD03-04	S	Procedure Modifier 2			
SVD03-05	S	Procedure Modifier 3			
SVD03-05	S	Procedure Modifier 4			
SVD03-06	S	Procedure Code Description			
SVD04	N/A		Not Used		
SVD05	S	Paid Units of Service	Paid Units of Service		
SVD05	S	Bundled Line Number	Bundled Line Number		

Segment Nam	ie	Line Adjustment				
Segment ID		CAS				
Loop ID		2430				
Segment Usag	ge	Situational				
Segment Note	es	PR(Patient Responsibility)				
Example		CAS* PR*2*5.25				
Element ID	Usage	Element Name	Valid Values	Comments		
CAS01	R	Adjustment Reason Code - Line Level				
CAS02	R	Adjustment Reason Code				
CAS03	S	Claim Adjustment Reason Code				
CAS04	S	Adjustment Quantity				
CAS05	S	Adjustment Reason Code				
CAS06	S	Adjustment Amount				
CAS07	S	Adjustment Quantity				
CAS08	S	Adjustment Reason Code				
CAS09	S	Adjustment Amount				
CAS10	S	Adjustment Quantity				
CAS11	S	Adjustment Reason Code				
CAS12	S	Adjustment Amount				
CAS13	S	Adjustment Quantity				
CAS14	S	Adjustment Reason Code				
CAS15	S	Adjustment Amount				
CAS16	S	Adjustment Quantity				
CAS17	S	Adjustment Reason Code				
CAS18	S	Adjustment Amount				
CAS19	S	Adjustment Quantity				

Segment Name	Line Adjudication Date
Segment ID	DTP
Loop ID	2430
Segment Usage	Situational

Segment Note	es					
Example		DTP*573*D8*20030314~				
Element ID	Usage	Element Name Valid Values Comments				
DTP01	R	Date Time Qualifier	573			
DTP02	R	Date Time Period Format Qualifier				
DTP03	R	Adjudication or Payment Date				

Segment Nan	ne	Transaction Set Trailer				
Segment ID		SE				
Loop ID		N/A				
Segment Usas	ge	Required				
Segment Note	es	Transaction Set Trailer Counts				
Example		SE*34*0001~				
Element ID	Usage	Element Name	Valid Values	Comments		
SEO1	R	Number of Included Segments				
SE02	R	Transaction Set Control Number		Must match ST02 of this transaction		

3.4 EXAMPLE OF AN 837 P TRANSACTION

Interchange Control Header (L_ISA)

1 ISA*00* *00*

Functional Group Header (L_GS)

2 GS*HC*C49000000000001NFOTECHWEBSVCS*20041101*20244951*0*X*004010X098A1~

Transaction Set Header (837P)

- 3 ST*837*0001~
- 4 BHT*0019*00*SAMPLEDATA*20041101*20244951*CH~
- 5 REF*87*004010X098A1~

Submitter Name (1000A)

- 6 NM1*41*2*Sonoma County ADP****46*37~
- 7 PER*IC*County Analyst*TE*1231231234~

Receiver Name (1000B)

8 NM1*40*2*ADP****46*INFOTECHWEBSVCS~

Billing/Pay-to Provider Hierarchical Level (2000A)

9 HL*1**20*1~

Billing Provider Name (2010AA)

- 10 NM1*85*2*Redwood Empire Addictions Program****XX*1700090834~
- 11 N3*2403 Professional Dr~
- 12 N4*Santa Rosa*CA*95405~
- REF*EI*956000927~

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Subscriber Hierarchical Level (2000B)

- 14 HL*2*1*22*0~
- 15 SBR*P*18******MC~

Subscriber Name (2010BA)

- 16 NM1*IL*1*Sam*Somebody*R***MI*123456789~
- 17 N3*234 Elm St~

- 18 N4*Santa Rosa*CA*95401~
- 19 DMG*D8*19750110*M~

Payer Name (2010BB)

- 20 NM1*PR*2*ADP****PI*20~
- 21 N3*1600 9th St*Room 151~
- 22 N4*Sacramento*CA*95814~

Claim Information (2300)

- 23 CLM*A1000001*44.66***57::1*Y*C*Y*Y*P~
- 24 DTP*435*D8*20041003~
- 25 REF*EA*123456789012~
- 26 HI*BK:30570~

Service Line (2400)

- 27 LX*1~
- 28 SV1*HC:H0047:HG*22.33*UN*1***1~
- 29 DTP*472*D8*20041003-20041004~
- 30 REF*6R*00001~
- 31 NTE*ADD*1

Service Line (2400)

- 32 LX*2~
- 33 SV1*HC:H0047:HG *22.33*UN*1***1~
- 34 DTP*472*D8*20041005~
- 35 REF*6R*00002~
- 36 NTE*ADD*1

Subscriber Hierarchical Level (2000B)

- 37 HL*3*1*22*0~
- 38 SBR*P*18*****MC~

Subscriber Name (2010BA)

- 39 NM1*IL*1*Joe*Person*K***MI*123456789~
- 40 N3*654 Elm St~
- 41 N4*San Diego*CA*92107~

Payer Name (2010BB)

- 42 NM1*PR*2*ADP****PI*20~
- 43 N3*1600 9th St*Room 151~
- 44 N4*Sacramento*CA*95814~

Claim Information (2400)

- 45 CLM*A1000002*76.88***57::1*Y*C*Y*Y*P~
- 46 REF*EA*123456789012~
- 47 HI*BK:30400~

Service Line(2400)

- 48 LX*1~
- 49 SV1*HC:H0015:HA*76.88*UN*4***1~
- 50 DTP*472*D8*20041020~
- 51 REF*6R*00003~

Billing/Pay-to Provider Hierarchical Level (2000A)

52 HL*4**20*1~

Billing Provider Name (2010AA)

- 53 NM1*85*2* Perinatal Day Treatment Center *****24*123456789~
- 54 N3* 2403 Professional Drive ~
- 55 N4*Santa Rosa*CA*95403~

56 REF*1D*4908~ Subscriber Hierarchical Level (2000B) 57 HL*5*4*22*0~ Subscriber Name (2010BA) 58 NM1*IL*1*Jane*Doe****MI*123456789~ 59 N3*345 W 9th St~ 60 N4*Santa Rosa*CA*95401~ Payer Name (2010BB) 61 NM1*PR*2*ADP*****PI*25~ 62 N3*1600 9th St*Room 151~ 63 N4*Sacramento*CA*95814~ Claim Information (2400) 64 CLM*A1000003*75.99***57::1*Y*C*Y*Y*P~ 65 REF*EA*123456789012~ 66 HI*BK:30390~ Service Line(2400) 67 LX*1~ 68 SV1*HC:H0015:HD:HA*75.99*UN*1***1~ 69 DTP*472*D8*20041011~ 70 REF*6R*00001~ **Transaction Set Trailer (837P)** 71 SE*69*0001~ Functional Group Trailer (L_GS) 72 GE*1*0~ Interchange Control Trailer (L_ISA) 73 IEA*1*000000003~

4.0 835 CONTROL SEGMENTS / ENVELOPE STRUCTURE

4.1 **OVERVIEW**

Appendix A, Section A.1.1 of each X12N HIPAA IGs provides details about the rules for ensuring integrity and maintaining the efficiency of data exchange. Data files are transmitted in an electronic envelope. The communication envelope consists of an interchange envelope and functional groups. The interchange control structure is used for inbound and outbound files. An inbound interchange control structure is the envelope that wraps all transaction data (ST-SE) sent to ADP for processing; examples include 837P and 997 transactions. An outbound interchange control structure wraps transactions that are created by ADP and returned to the requesting provider. Examples of outbound transactions include 835 and 997 transactions. The following tables define the use of this control structure as it relates to communication with ADP.

4.2 SEGMENT AND DATA ELEMENT DESCRIPTION

Each segment table contains rows and columns describing different segment elements. Those components are as follows:

- Segment Name The industry assigned segment name as identified in the IGs
- Segment ID The industry assigned segment ID as identified in the IGs
- Loop ID The loop within which the segment should appear
- Segment Usage Identifies the segment as required or situational
- Segment Notes A brief description of the purpose or use of the segment
- Example An example of a complete segment
- Element ID The industry assigned data element ID as identified in the IGs
- Usage Identifies the data element as R-required, S-situational, or N/A-not used based on ADP guidelines
- Valid Values If any value exists then that value only is expected. If this is blank then it is TP discretion to use appropriate value.
- Guide Description/Valid Values Industry name associated with the data element. If no
 industry name exists, this is the IGs data element name. This column also lists in BOLD
 the values and/or code sets to be used.
- Comments Description of the contents of the data elements including field lengths.

4.3 ISA SEGMENTS

This section describes ADP's use of the ISA interchange control segment. It includes a description of expected sender and receiver codes and delimiters. Use uppercase letters in this segment.

Segment Nan	ne	Interchange Control Heade	Ar.				
Segment ID	iic	ISA	· · ·				
Loop ID		N/A					
Segment Usa	σe	Required					
Segment Notes All positions within each data element in the ISA segment must be filled. Delimiters are				at must be filled Delimiters are specified			
in the Interchange Header Segment. The values are as follows: * Asterisk Data Element Separator : Colon Sub element Separator ~ Tilde Segment Terminator			llows:				
Example		00401*000000636*0*P*:~		*ZZ*C1900000000000000*030930*1256*U*			
Element ID	Usage	Element Name	Valid Values	Comments			
ISA01	R	Authorization Information Qualifier	00				
ISA02	R	Authorization Information	10 Blanks	Fixed Length			
ISA03	R	Security Information Qualifier	00				
ISA04	R	Security Information:	10 Blanks				
ISA05	R	Interchange ID Qualifier	ZZ				
ISA06	R	Interchange Sender ID	INFOTECHWEBSVCS				
ISA07	R	Interchange ID Qualifier	ZZ				
ISA08	R		For County: C + County Code + 12 Zeroes, Examples: C590000000000000				
ISA09	R	Interchange Date		The date format is YYMMDD The date on which 835 is created			
ISA10	R	Interchange Time		The time format is HHMM The time at which 835 is created			
ISA11	R	Interchange Control Standards Identifier	U				
ISA12	R	Interchange Control Version Number	00401				
ISA13	R			Running serial number for each trading partner			
ISA14	R	Acknowledgment Requested	0	If value were 1 = Interchange Acknowledgment (TAI01); Not currently supported 0 - No Interchange Acknowledgment Requested			
ISA15	R	Usage Indicator		T for Test P for Production			
ISA16	R	Component Element Separator	·	The component element separator is a delimiter and not a data element. It is used with composite data elements such as CLM05.			

4.4 GS SEGMENTS

This section describes the ADP use of the GS functional group control segment and the expected sender and receiver codes as defined in the Trading Partner Agreement. There will always be a single GS-GE segment in one ISA-IEA segment. Use uppercase letters in this segment.

Segment Nam	1e	Functional Group Header			
Segment ID		GS			
Loop ID		N/A			
Segment Usag	ge	Required			
Segment Note	es	The functional group header i	used for the 837P is HC.		
Example		GS*HP*INFOTECHWEBSV	CS*C1900000000000000000*200	030930*1256*614*X*004010X091A1~	
Element ID	Usage	Element Name	Valid Values	Comments	
GS01	R	Functional Identifier Code	HP		
GS02	R		INFOTECHWEBSVCS		
GS03	R	Application Receivers Code	For County: C + County		
			Code + 12 Zeroes,		
			Examples:		
			C59000000000000		
GS04	R	Date		CCYYMMDD	
GS05	R	Time		HHMMSS	
GS06	R	Group Control Number			
GS07	R	Responsible Agency Code	X		
GS08	R		004010X091A1		

4.5 GE SEGMENTS

This section describes the ADP use of the GE functional group control segment and the expected sender and receiver codes as defined in the Trading Partner Agreement. There will always be a single GS-GE segment in one ISA-IEA segment. Use uppercase letters in this segment.

Segment Nan	ne	Functional Group Trailer				
Segment ID		GE				
Loop ID		N/A				
Segment Usag	ge	Required				
Segment Note	es	None				
Example		GE*5*399876323~				
Element ID	Usage	Element Name	Valid Values	Comments		
GE01	R	Number of Transaction Sets Included				
GE02	R	Group Control Number Same as GS06				

4.6 IEA SEGMENTS

This section describes ADP's use of the IEA interchange control segment. It includes a description of expected sender and receiver codes and delimiters. Use uppercase letters in this segment.

Segment Nan	ne	Interchange Control Trailer				
Segment ID		IEA				
Loop ID		N/A				
Segment Usa	ge	Required				
Segment Note	es	None				
Example		IEA*1*00000636~				
Element ID	Usage	Element Name	Valid Values	Comments		
IEA01	R	Number of included functional groups	1	Number of functional groups included		
				in this interchange envelope		
IEA02	R	Authorization Information		Same as ISA13		

4.7 SAMPLE INTERCHANGE CONTROL

5.0 835 - HEALTH CARE CLAIM PAYMENT / ADVICE

5.1 DESCRIPTION OF THE LAYOUT OF THE DATA

The ASC X12N 835 (04010X091A1) transaction is the HIPAA mandated instrument by which claim payment/advice information is provided from ADP in response to submitted health care claims.

This document is intended only as a Companion Guide and is not intended to contradict or replace any information in the IGs or ADP regulations, Letters, and Notices. It is highly recommended that implementers (Counties and Direct Contract Providers) have the following resources available during the development process:

- ADP 837P & 835 Companion Guide (This Document)
- Health Care Claim Implementation Guide (ASC X12N 835 -004010X091)
- Health Care Claim Payment/Advice 835 Implementation Guide Addenda (ASC X12N 835 -004010X091A1)

5.2 **SEGMENT USAGE**

The following matrix lists only those segments used by ADP in creating the 4010A1 version of the 835 HIPAA Transactions. This implementation guideline identifies all required segments for 835 Transactions. A situational segment is not required for every type of transaction; however, a situational segment may be required under certain circumstances.

Segment Usage Table – 835

Segment ID	Loop ID	Segment Name	R – Required S - Situational
ST	N/A	Transaction Set Header	R
BPR	N/A	Financial Information	R
TRN	N/A	Reassociation Trace Number	R
REF	N/A	Receiver Identification	R
DTM	N/A	Production Date	R
N1	1000A	Payer Identification	R
N3	1000A	Payer Address	R
N4	1000A	Payer City, State, Zip Code	R
N1	1000B	Payee Identification	R
LX	2000	Header Number	R
CLP	2100	Claim Level Data	R
NM1	2100	Patient Name	R
NM1	2100	Corrected Patient Insured Name	R
NM1	2100	Service Provider Name	R

Segment ID	Loop ID	Segment Name	R – Required S - Situational
NM1	2100	Corrected Priority Provider Name	R
REF	2100	Other Claim Related Information	R
REF	2100	Other Claim Related Information	R
REF	2100	Other Claim Related Information	R
DTM	2100	Claim Date	R
AMT	2100	Claim Supplemental Information	S
SVC	2110	Service Payment Information	R
DTM	2110	Service Date	R
CAS	2110	Service Adjustment	S
REF	2110	Service Identification	R
REF	2110	Rendering Provider Information	S
AMT	2110	Service Supplemental Quantity	S
LQ	2110	Health Care Remark Codes	S
PLB	N/A	Provider Adjustment	S
SE	N/A	Transaction Set Trailer	R

5.3 SEGMENT AND DATA ELEMENT DESCRIPTION

This section contains a tabular representation of any segment required or situational for the ADP HIPAA implementation of the 835.

Segment Nan	ne	Transaction Set Header				
Segment ID		ST				
Loop ID		N/A				
Segment Usa	ge	Required				
Segment Note	es	This segment begins the transaction.				
Example		ST*835*0196~	0196~			
Element ID	Usage	Element Name	Valid Values	Comments		
ST01	R	Transaction Set Identifier Code	835			
ST02	R	Transaction Set Control Number	0001			

Segment Nan	1e	Financial Information			
Segment ID		BPR			
Loop ID		N/A			
Segment Usag	ge	Required			
Segment Note	es	This segment is used to add ADP is only as a Notificati		ment to a single payee; The usage of this segment by e information is included.	
Example		BPR*H*0*C*NON*****	******20031001	~	
Element ID	Usage	Element Name	Valid Values	Comments	
BPR01	R		Н	Since all accounting information is not accessible by SD/MC, the Phase I 835 will be (H) - notification only.	
BPR02	R		0	Since Phase I will only be able to support notification, this value will always need to be zero.	
BPR03	R	Credit / Debit Flag Code	Credit / Debit Flag Code C		
BPR04	R		NON	Because BPR01 = H, NON (Non-Payment Data) is used here	
BPR16	R	Date of 835 creation		CCYYMMDD format	

Segment Nam	ne	Reassociation Trace Number		
Segment ID	nt ID TRN			
Loop ID		N/A		
Segment Usag	ge	Required		
Segment Note	es	This segment uniquely identified	es a transaction to	an application
Example		TRN*1*192003061003*482003030101*ADP~		
Element ID	Usage	Element Name	Valid Values	Comments
TRN01	R	Trace Type Code	1	
TRN02	R	Check or EFT Trace Number		The batch number found on the EOB will be
				placed here.
TRN03	R	Payer Identifier 148200303		Federal TIN, preceded by "1"; if BPR10 is used,
				they must match
TRN04	R		ADP	Used to identify the appropriate State Department
				(ADP).

Segment Nan	1e	Receiver Identification Qualifier				
Segment ID		REF				
Loop ID		N/A				
Segment Usas	ge	Required				
Segment Notes This segment identifies the Medical Sender ID.						
Example		REF*EV*19609244900334~				
Element ID	Usage	Element Name	Valid Values	Comments		
REF01	R	Reference Identification Qualifier	EV			
REF02	R			Medical Sender ID from NM109 in the		
				837 Transaction		

Segment Name Production Date					
Segment ID		DTM			
Loop ID		N/A			
Segment Usa	ge	Required			
Segment Note	es	This segment provides claim date information.			
Example		DTM*405*20030820~			
Element ID	Usage	Element Name	Valid Values	Comments	
DTMO1	R	Reference Identification Number	405		
DTM02	R		CCYYMMDD	This is the date SD/MC processed the claims on this 835.	

Segment Nan	ne	Payer Identification				
Segment ID		N1	NI			
Loop ID		N/A				
Segment Usa	ge	Required				
Segment Note	es	This segment identifies a Party	by type of organization	on, name, and code		
Example		N1*PR*01~				
Element ID	Usage	Element Name	Valid Values	Comments		
N101	R	Entity Identifier Code	PR			
N102	S	Payer Name	01	Valid Values:		
			01 – ADP			
N103	N/A	Identification Code Qualifier	Not used			
N104	N/A	Identification Code	Not used			

Segment Nan	1e	Payer Address			
Segment ID		N3			
Loop ID		1000A			
Segment Usag	ge	Required			
Segment Note	es	This segment conveys Street Address information			
Example		N3*1700 K Street~			
Element ID	Usage	Element Name	Valid Values	Comments	
N301	R	Billing Provider Address Information	1700 K Street		
N302	S			Required if Second Address Line exists	

Segment Nan	1e	Payer City/State/Zip Code			
Segment ID		N4			
Loop ID		1000A			
Segment Usas	ge	Required			
Segment Note	es	Payer City/State/ZIP			
Example		N4*SACRAMENTO*CA*95811~			
Element ID	Usage	Element Name	Valid Values	Comments	
N401	R	City Name	Sacramento		
N402	R	State or Province Code	CA		
N403	R	Postal Code	95811		

Segment Nan	ne	Payee Identification		
Segment ID		NI		
Loop ID		1000B		
Segment Usa	ge	Required		
Segment Note	es	This segment identifies the l	Payee in the trans	action.
Example		N1*PE*LOS ANGELS*FI*	22~	
Element ID	Usage	Element Name	Valid Values	Comments
N101	R	Entity Identifier Code	PE	
N102	R	Payee Name		Same name as Pay-To Provider Name from the 837. If the Pay-To Provider Loop was not sent, this will be the Billing Provider Name.
N103	R		XX=NPI	
N104	R	Payee Identification Code		This is the Pay-To Provider ID from the 837. If the Pay-To Provider Loop was not sent, this will be the Billing Provider ID.

Segment Nan	ne	Payee Additional Identification			
Segment ID REF					
Loop ID		1000B			
Segment Usag	ge	Situational			
Segment Note	es	If the primary payee identifier(Loop 1000B N1) is an NPI, then the EIN (if provided on the 837) appears here			
Example		REF*TJ*123456789~			
Element ID	Usage	Element Name	Valid Values	Comments	
REF01	R	Reference Identification Qualifier	TJ	TJ=EIN	
REF02	R	Reference Identification EIN			
REF03	N/A	Description	Not used		
REF04	N/A	Reference Identifier	Not used		

Segment Nan	ne	Header Number		
Segment ID		LX		
Loop ID		2000		
Segment Usage Required		Required		
Segment Note	es			
Example		LX*1~		
Element ID	Usage	Element Name	Valid Values	Comments
LX01	R	Assigned Number		

Segment Nan	ne	Claim Payment Information				
Segment ID		CLP				
Loop ID		2100				
Segment Usa	ge	Required				
Segment Note	es	This segment supplies inf	ormation commo	n to all services of a claim.		
Example		CLP*1234567890*4*562	*0**MC~			
Element ID	Usage	Element Name	Valid Values	Comments		
CLP01	R	Claim Submit Identifier		This is the value from CLM01 on 837		
CLP02	R	Claim Status Code		4 = Denied, 25 = Predetermination Pricing Only - No Payment. A code 25 actually means that the claim is approved, however since this 835 does not contain any financial information, the claim is not coded as approved. See cross walk for additional details		
CLP03	R	Total Claim Charge Amount		Taken from CLM02 in 837 Transaction		
CLP04	R	Claim Payment Amount		This will reflect the amount of all services on the claim.		
CLP05	N/A	Patient Responsibility Amount		This will not be used to report Patient Share of Cost. Share of Cost will be reported in Claim Supplemental Information (page 54 of this guide).		
CLP06	R		MC	MC = MEDICAID		
CLP07	N/A	Payer Claim Control Number		Not Used		
CLP08	S			Only used if adjudication changed the value from what was originally sent on the claim		
CLP09	S					

Segment Nan	ne e	Patient Name				
Segment ID		NM1				
Loop ID		2100				
Segment Usag	ge	Required				
Segment Note	es	This segment identifies the Patie	ent associated wit	h a claim.		
Example		NM1*QC*1*Doe*John*MI***	HN*1234567890	~		
Element ID	Usage	Element Name	Valid Values	Comments		
NM101	R	Entity Identifier Code	QC	QC=Patient		
NM102	R	Entity Type Qualifier	1	1 – Person		
NM103	R	Patient Last Name or Organization Name		However, only the first 3 letters of the first name and only the first 11 letters of the last name will be transfer to the SD/MC - EOB		
NM104	R	Patient First Name		However, only the first 3 letters of the first name and only the first 11 letters of the last name will be transfer to the SD/MC - EOB		
NM105	S	Patient Middle Name				
NM106	N/A	Claim Filing Indicator Code				
NM107	N/A	Name Suffix				
NM108	N/A	Identification Code Qualifier	HN			
NM109	N/A	Patient Identifier		CIN, BIC, etc. This is the value that was reported on the 837.		

Segment Name Corrected Patient / Insured Name				
Segment ID	nent ID NM1			
Loop ID		2100		
Segment Usa	ge	Required		
Segment Not	es	Assumed to be corrected patien	t information for	Medicare and Medicaid.
Example		NM1*74*1******C*48910028	339A~	
Element ID	Usage	Element Name	Valid Values	Comments
NM101	R	Entity Identifier Code	74	74=Corrected Insured
NM102	R	Entity Type Qualifier	1	1 – Person
				2 – Non-person
NM103	R	Patient Last Name or		
		Organization Name		
NM104	R	Patient First Name		
NM105	S	Patient Middle Name		
NM106	N/A	Name Prefix		Not Used
NM107	N/A	Name Suffix		Not Used
NM108	R	Identification Code Qualifier	С	C = Insured's Changed Unique ID Number
NM109	R	Identification Code		County, approved aid code and CIN from EOB,
				in that order.

Segment Nam	ne e	Service Provider Name		
Segment ID		NM1		
Loop ID		2100		
Segment Usag	ge	Required		
Segment Note	es	This segment identifies the pro-	vider rendering se	rvices. It is a required field when the rendering
		provider is different from the I	Payee which is true	in most cases from SD/MC. This is data related to
		SD/MC Provider Code, which	is on the Service F	Facility Location in the 837P.
Example		NM1*82*2****XX*1234567893~		
Element ID	Usage	Element Name	Valid Values	Comments
NM101	R	Entity Identifier Code	82	82=Rendering Provider
NM102	R	Entity Type Qualifier	2	2 – Non-person
NM103	N/A	Patient Last Name or		
		Organization Name		
NM104	N/A	Patient First Name;		
NM105	N/A	Patient Middle Name:		
NM106	N/A	Name Prefix;		
NM107	N/A	Name Suffix;		
NM108	R	Identification Code Qualifier	XX	XX=NPI
NM109	R			

Segment Nam	ne	Corrected Priority Payer Name			
Segment ID		NM1			
Loop ID		2100			
Segment Usag	ge	Required			
Segment Note	es	This segment identifies Rend	ering Information.		
Example		NM1*PR*2*Medicare Part A	and Part B****PI*Z	Z~	
Element ID	Usage	Element Name	Valid Values	Comments	
NM101	R		PR	PR = Payer	
NM102	R	Entity Type Qualifier	2	1 – Person	
				2 – Non-person	
NM103	S			See TPL crosswalk for details	
NM104	N/A	Patient First Name			
NM105	N/A	Patient Middle Name			
NM106	N/A	Name Prefix	Not Used		
NM107	N/A	Name Suffix	Not Used		
NM108	R		PI	PI = Payer Identification	
NM109	R	Identification Code		See TPL crosswalk for details	

Segment Nam	ne	Other Claim Related Information		
Segment ID		REF		
Loop ID		2100		
Segment Usag	ge	Required		
Segment Note	es	The additional patient identifiers found on the EOB are reported here.		
Example	REF*EA*002606567~			
Element ID	Usage	Element Name	Valid Values	Comments
REFO1	R	Reference Identification Number	EA	EA – Medical Record Number
				This segment is repeated 3 times to provide
		EA, SY, W values.		EA, SY, W values.
REF02	R	Reference Identification		

Segment Nan	1e	Other Claim Related Information			
Segment ID		REF			
Loop ID		2100			
Segment Usa	ge	Required			
Segment Note	es	The additional patient identifiers found on the EOB are reported here.			
Example		REF*SY*548909368~			
Element ID	Usage	Element Name	Valid Values	Comments	
REFO1	R	Reference Identification	SY	SY – Social Security Number	
		Number			
REF02	R	Reference Identification			

Segment Nam	ne	Other Claim Related Information			
Segment ID		REF			
Loop ID		2100			
Segment Usag	ge	Required			
Segment Note	es	The additional patient identifiers found on the EOB are reported here.			
Example		REF*1W*486HM548909368	5~		
Element ID	Usage	Element Name	Valid Values	Comments	
REFO1	R	Reference Identification Number	1W	1W – Member Identification Number	
REF02	R	Reference Identification			

Segment Nam	ne	Claim Date				
Segment ID		DTM				
Loop ID		2100				
Segment Usag	ge	Required				
Segment Note	es	This segment provides claim date in	nformation.			
Example		DTM*050*20030814~				
Element ID	Usage	Element Name	Valid Values	Comments		
DTMO1	R	Reference Identification Number	050	Valid Values:		
				050 – Received Date		
				036 – Expiration Date		
				232 – Claim Statement Period Start		
				233 – Claim Statement Period End		
DTM02	R		CCYYMMDD	Date Received by ADP		

Segment Nan	ne	Claim Supplemental Information		
Segment ID		AMT		
Loop ID		2100		
Segment Usa	ge	Required		
Segment Note	es	Claim Supplemental Information		
Example		AMT*F5*10~		
Element ID	Usage	Element Name	Valid Values	Comments
AMTO1	R	Amount Qualifier Code	F5 = Patient	
		Amount Paid		
AMT02	R	Claim Supplemental		Medi-Cal Patient Share of Cost Reported on
		Information Quantity		the 837 AMT*F5

Segment Nan	ne	Service Payment Information	n			
Segment ID		SVC				
Loop ID		2110				
Segment Usa	ge	Required				
Segment Note		The number of SVC Segments	can be >1 based	on the number of services performed.		
Example		SVC*HC:H2012:HF:H9*40.9		^		
Element ID	Usage	Element Name	Valid Values	Comments		
SVC01	R	Composite Medical				
		Procedure Identifier				
SVCO1-01	R	Product/Service ID Qualifier				
SVC01-02	R	Procedure Code		This is the procedure or revenue code on the 837P		
SVC01-03	S			This is the first Modifier Reported on the		
				procedure code from the 837P Transaction		
SVC01-04	S			This is the second Modifier Reported on the		
				procedure code from the 837P Transaction		
SVC01-05	S			This is the third Modifier Reported on the		
				procedure code from the 837P Transaction		
SVC01-06	S			This is the fourth Modifier Reported on the		
				procedure code from the 837P Transaction		
SVC01-07	N/A	Procedure Code Description		Not used		
SVC02	R	Line Item Charge Amount		Amount Billed		
SVC03	S	Line Item Provider Payment				
		Amount				
SVC04	N/A	Product / Service ID		Not used		
SVC05	R	Quantity;		This value can be either units of service or units of		
		Units of Service Paid Count		time.		
SVC06	N/A	Product / Service ID		Not used		
SVC07	S	Quantity; Units of Service or		This value is required when the value of SVC07 is		
		Time Paid Count		different than SVC05.		

Segment Nam	ne	Service Date			
Segment ID		DTM			
Loop ID		2110			
Segment Usag	ge	Required			
Segment Note	es	This segment will be sent once for single day services and twice for multi-day services.			
Example		DTM*472*20030609~			
Element ID	Usage	Element Name	Valid Values	Comments	
DTMO1	R	Date / Time Qualifier	150 – Service Period Start		
			151 – Service Period End		
		472 – Service			
DTM02	R		CCYYMMDD		

Segment Nan	ne	Service Adjustment				
Segment ID		CAS				
Loop ID		2110				
Segment Usa	ge	Situational				
Segment Note	es	Adjustments reflected here corre	late to error mess	ages and transactions code errors on the EOB.		
Example		CAS*CO*31*50*1~				
Element ID	Usage	Element Name	Valid Values	Comments		
CASO1	R	Claim Adjustment Group Code	CO	Valid Values:		
				CO – Contractual Obligations		
				OA – Other Adjustments		
				PI – Payer Initiated Reductions		
				Pr – Patient Responsibility		
CAS02	R	Adjustment Reason Code		See SD/MC Error Code Crosswalk		
CAS03	R	Monetary Amount		This field contains the amount of the		
				adjustment.		
CAS04	S	Quantity		This field is used when the units of service are		
				being adjusted. A Positive Amount decreases		
				the payment contained in SVC03 and CLP04. A		
				negative amount increase the payment		
				contained in SVC03 and CLP04.		

Segment Nan	1e	Service Identification			
Segment ID		REF			
Loop ID		2110			
Segment Usage		Required			
Segment Note	es	Service Identification			
Example		REF*6R*A090500242~			
Element ID	Usage	Element Name	Valid Values	Comments	
REFO1	R		6R	6R = Line Item Control Number.	
REF02	R			If 6R exists in 837P then it is returned.	

Segment Nan	ne	Rendering Provider Information			
Segment ID		REF	REF		
Loop ID		2110			
Segment Usas	ge	Situational			
Segment Note	es	Only use when rendering provider is specific to this service line, as would be indicated on the 837.			
Example		REF*HPI*1234567893	~		
Element ID	Usage	Element Name Valid Values Comments			
REFO1	R		HPI =NPI		
REF02	R				

Segment Nan	ne e	Service Supplemental Amou	Service Supplemental Amount			
Segment ID		AMT				
Loop ID		2110	2110			
Segment Usag	ge	Required				
Segment Note	Segment Notes This segment is used to convey information only. No Dollar Amounts are sent. This is not path the financial balancing of an 835 transaction.			y. No Dollar Amounts are sent. This is not part of		
Example		AMT*B6*20~				
Element ID	Usage	Element Name Valid Values Comments		Comments		
AMTO1	R	Amount Qualifier Code	B6	B6= Allowed Amount or Actual Amount		
AMT02	R	Monetary Amount		This is SD/MC Maximum Allowable Amount		

Segment Nan	ne	Health Care Remarks Code			
Segment ID		LQ			
Loop ID		2110			
Segment Usa	ge	Required			
Segment Note	es	Remarks reflected here should error messages and transaction		h the adjustment reason codes sent to correlate to he EOB.	
Example		LQ*HE*MA130~			
Element ID	Usage	Element Name	Valid Values	Comments	
LQO1	R	Code List Requirement Code	HE		
LQ02	R	Industry Code		Use for adjustments that are not specific to a particular claim or service. See SD/MC Error crosswalk	

Segment Nam	ne	Provider Adjustment				
Segment ID		PLB				
Loop ID Summary						
Segment Usag	ge	Situational				
Segment Note	es	One occurrence will be gene	rated per unique S	D/MC Provider number at the service level.		
Example		PLB*4814*20031231*CS:48	82003030101*0~			
Element ID	Usage	Element Name	Valid Values	Comments		
PLBO1	R	Reference Identification		SD/MC Provider Number		
PLB02	R	Date; Fiscal Period Date		If the Fiscal Date is not known use December 31st		
				of this year.		
PLB03-01	R	Adjustment Reason Code	CS			
PLB03-02	R	Reference Identification		This is the ADP Batch Number.		
PLB04	R	Monetary Amount		This amount reflects the sum of all approved		
				amounts for services for the provider ID on the 835.		
				Since this is a non-payment transaction, the PLB		
				segments are used to balance the transaction to		
				zero. The PLB segments indirectly provide a		
				summary report to submitters as they list each		
				provider and the amount approved for that		
				provider.		

Segment Nan	ne	Transaction Set Trailer			
Segment ID		SE			
Loop ID		Summary			
Segment Usage Required					
Segment Note	Segment Notes Transaction Set Trailer Counts				
Example		SE*26*0197~			
Element ID	Usage	Element Name	Valid Values	Comments	
SEO1	R	Number of Included Segments			
SE02	R	Transaction Set Control Number		Must match the value sent in the ST02 field.	

N1*PE*Los Angel es*FI *22~

5.4 EXAMPLE OF AN 835 TRANSACTION

```
*00*
*ZZ*INF0TECHWEBSVCS*ZZ*C3000000000000000*031008*0945*U*00401*000003059*0*P*: ~
ST*835*0001~
BPR*H*0*C*NON*********20031008~
TRN*1*302003065001*1680290013*ADP~
REF*EV*ETI NO10242
REF*F2*C30-20031008100000-01~
DTM*405*20030820~
N1*PR*25~
N3*1700 K STREET*ROOM 130~
N4*SACRAMENTO*CA*95814~
N1*PE*Los Angel es*FI *22~
LX*1~
CLP*1234567890*25*300. 5*240**MC~
NM1*QC*1*Doe*John*MI ***HN*1234567890~
NM1*74*1******C*30~
NM1*82*2*****XX*1234567890~
REF*EA*0872~
REF*SY*551732045~
REF*1W*0000M551732045~
DTM*050*20030814~
AMT*F5*10~
SVC*HC: H0020: HG*100. 5*50**1**2~
DTM*472*20030601~
CAS*CO*31*50. 5*1~
REF*6R*A09050024212345~
LQ*HE*N59
SVC*HC: H0020: HG: HF: H9*100*90**1~
DTM*472*20030602~
CAS*CO*31*10*0~
REF*6R*A090500243123456~
LQ*HE*N59~
SVC*HC: H0047: HD: HF: H9*100*100**1~
DTM*472*20030603~
CAS*CO*31*O*O~
REF*6R*A0905002441234567~
LQ*HE*N59~
CLP*1234567891*25*200*120**MC~
NM1*QC*1*Doe*John*MI ***HN*1234567891~
NM1*74*1*****C*30~
NM1*82*2*****XX*1234567890~
REF*EA*0872~
REF*SY*551732045~
REF*1W*0000M551732045~
DTM*050*20030814~
AMT*F5*0~
SVC*HC: H0047: HD: HF: H9*100*95**1~
DTM*472*20030604~
CAS*CO*31*5*0~
REF*6R*A0905002451234567~
LQ*HE*N59~
SVC*HC: H0005: HG*100*25**1~
DTM*472*20030605~
CAS*CO*31*75*0-
REF*6R*A090500246123456789012345678~
LQ*HE*N59~
PLB*0905*20031231*CS: 302003065001*360~
SE*61*0001~
ST*835*0002-
BPR*H*O*C*NON*********20031008~
TRN*1*302003065002*1680290013*ADP~
REF*EV*ETI NO10247~
REF*F2*C30-20031008100000-01~
DTM*405*20030820~
N1*PR*25~
N3*1700 K STREET*ROOM 130~
N4*SACRAMENTO*CA*95814~
```

```
LX*1~
CLP*1234567892*25*200*125.95**MC~
NM1*QC*1*Doe*John*MI ***HN*1234567892~
NM1*74*1******C*30~
NM1*82*2******XX*1234567890~
REF*EA*0872~
REF*SY*551732045~
REF*1W*00000551732045~
DTM*050*20030814~
AMT*F5*10~
SVC*HC: H0015: HA*100*25. 95**1~
DTM*472*20030606~
CAS*CO*31*74. 05*0~
REF*6R*A090500247~
LQ*HE*N59~
SVC*HC: H0018: HD: HF: H9*100*100**1~
DTM*472*20030607~
CAS*CO*31*0*0~
REF*6R*A090500248~
LQ*HE*N59~
CUP+ENS9~
CLP*1234567893*25*200*11**MC~
NM1*QC*1*Doe*John*MI ***HN*1234567893~
NM1*74*1******C*30~
NM1*82*2******XX*1234567890~
REF*EA*0872~
REF*SY*551732045~
REF*1W*0000M551732045~
DTM*050*20030814~
AMT*F5*0~
SVC*HC: H0020: HD*100*10**1~
DTM*472*20030608~
CAS*C0*31*90*0~
REF*6R*A090500249~
LQ*HE*N59~
SVC*HC: H0020: HD*100*1**1~
DTM*472*20030609~
CAS*C0*31*99*0~
REF*6R*A0905002500123~
LQ*HE*N59~
PLB*0905*20031231*CS: 302003065002*136. 95~
SE*55*0002~
GE*2*3060~
I EA*1*000003059~
```

6.0 ACKNOWLEDGEMENTS AND REPORTS

6.1 FUNCTIONAL ACKNOWLEDGEMENT - 997

A functional acknowledgment is generated to report the acceptance or rejection of a functional group, transaction set, or segment related to the receipt of an 837P Claim. ADP generates an outbound 997 to acknowledge all inbound transactions that are accepted or rejected in 837 processing.

ADP validates the incoming 837 transactions by first checking the syntax of the transaction for X12 Compliance and then by validating the data against the HIPAA Implementation Guideline using the ClarEDI Product based on the data content.

If a transaction contains errors, the entire ST through SE is rejected and the rest of the transactions within ISA-IEA segment are accepted provided all data meets with the compliance rules set up by the translator and ClarEDI product.

6.2 SEGMENT USAGE - 997

This section contains a tabular representation of any segment required or situational for the ADP HIPAA implementation of the 997. Each segment table contains rows and columns describing different segment elements. These components are as follows:

- Segment Name –industry assigned segment name as identified in the 997
- Segment ID –industry assigned segment ID as identified in the 997
- Loop ID –loop within which the segment should appear
- Usage identifies the segment as required or situational
- Segment Notes –brief description of the purpose or use of the segment
- Example –example of complete segment
- Element ID –industry assigned data element ID as identified in the 997
- Usage identifies the data element as R-required, S-situational, or N/A-not used based on ADP guidelines
- Guide Description/Valid Values –industry name associated with the data element

Segment Usage Table – 997

Segment ID	Loop ID	Segment Name	R – Required S - Situational
ST	N/A	Transaction Set Header	R
AK1	N/A	Functional Group Response Header	R
AK2	AK2	Transaction Set Response Header	S
AK3	AK3	Data Segment Note	S
AK4	AK3	Date Element Note	S
AK5	AK2	Transaction Set Response Trailer	R
AK9	N/A	Functional Group Response Trailer	R
SE	N/A	Transaction Set Trailer	R

6.3 SEGMENT AND DATA ELEMENT DESCRIPTION

This section contains a tabular representation of any segment required or situational for ADP HIPAA implementation of the 997.

Segment Nan	ne e	Transaction Set Header					
Segment ID		ST					
Loop ID		N/A	N/A				
Segment Usa	ge	Required					
Segment Note	es						
Example		ST*997~54321~					
Element ID	Usage	Element Name	Valid Values	Comments			
STO1	R		997	None			
SE02	R	Transaction Set Control Number	0001				

Segment Nan	ne	Functional Group Trailer				
Segment ID		AK1	AK1			
Loop ID		N/A				
Segment Usage		Required				
Segment Note	es	This segment is used to respond to the functional group information in the interchange.				
Example		AK1*HC*8215~				
Element ID	Usage	Element Name	Valid Values	Comments		
AK101	R	Functional Identifier Code	HC			
AK102	R	Transaction Set Control Number				

Segment Nam	ne	Transaction Set Response Header				
Segment ID		AK2				
Loop ID	oop ID AK2					
Segment Usag	ge	Situational				
Segment Note	es	This segment starts the transaction sor rejected.	set acknowledgen	nent. This segment is sent if the 837 is accepted		
Example		AK2*837*252525~				
Element ID	Usage	Element Name	Valid Values	Comments		
AK201	R	Functional Identifier Code	837			
AK201	R	Transaction Set Control Number;		This data element contains the value from		
				the ST segment of the original 837 file.		

Segment Nan	ne	Data Segment Note				
Segment ID		AK3				
Loop ID		AK2/AK3				
Segment Usa	ge	Situational				
Segment Note	es	This segment reports segment/looping errors in the submitted transaction.				
Example		AK3*NM1*16*2010BA*	·8~			
Element ID	Usage	Element Name Valid Values Comments				
AK301	R	Segment ID Code	NMI			
AK302	R	Segment Position in the		This data element contains the sequential position of		
		Transaction Set		the segment ID identified in the AK301. This count		
				begins with 1 for the ST segment and increments by		
				one from that point.		
AK303	S			This data element identifies the loop where the		
				erroneous segment resides.		
AK304	S			This data element describes the type of error		
				encountered.		

Segment Name Data Segment Note				
Segment ID AK4				
Loop ID AK2/AK3				
Segment Usa	Segment Usage Situational			
Segment Note	es	This segment reports data	element/compos	ite errors in the submitted transaction.
Example		AK4*9:1**67*1~		
Element ID	Usage	Element Name	Valid Values	Comments
AK401	R	Position in Segment		This is a composite data element.
AK401-1	R	Segment Position in the Transaction Set		This data element contains the sequential position of the segment ID identified in the AK301. This count begins with 1 for the ST segment and increments by one from that point.
AK401-2	S	Component Data Element Position in Composite		This data element identifies within the composite structure where the error occurred.
AK402	S	Data Element Reference Number		This is the Data Element Dictionary reference number associated with erroneous data.
AK403	R	Data Element Syntax Error Code		This data element describes the type of error encountered.

Segment Nam	ie	Transaction Set Response Trailer				
Segment ID		AK5				
Loop ID		AK2/AK3				
Segment Usag	ge	Required				
Segment Note	es	This segment acknowledges the transaction acceptance or rejection and any report errors.				
Example		AK5*R*5~				
Element ID	Usage	Element Name	Valid Values	Comments		
AK501 R		Transaction Set Acknowledgement Code		A – Accepted		
				R - Rejected		
AK502	R	Transaction Set Syntax Error Code				

Segment Nam	ne	Functional Group Response Trailer					
Segment ID AK9							
Loop ID		N/A					
Segment Usag	ge	Required					
Segment Note	Notes This segment acknowledges the functional group acceptance or rejection and reports the numbe transaction sets originally included, received, and accepted.						
Example		AK9*R*1*1*0~					
Element ID	Usage	Element Name	Valid Values	Comments			
AK901	R	Functional Group Acknowledgement Code		Values Used:			
				A – Accepted			
				R - Rejected			
AK902	R	Number of Transaction sets included		This data element contains the value			
				from the GE01 data element from			
				the GE Segment of the original file			
				being acknowledged.			
AK903	R	Number of Received Transaction Sets					
AK902	R	Number of Accepted Transaction Sets					

Segment Nan	ne	Transaction Set Trailer						
Segment ID		SE						
Loop ID		N/A						
Segment Usag	ge	Required						
Segment Note	es	Transaction Set Trailer Counts						
Example		SE*6*54321~						
Element ID	Usage	Element Name	Valid Values	Comments				
SEO1	R Number of Included Segments							
SE02	R	Transaction Set Control Number						

6.4 Examples of Accepted and Rejected 997 Transaction Sets

Scenario 1: Accepted Transaction Set

The following message shows a 997 for an accepted functional group with only one transaction set.

Scenario 2: Rejected Transaction Set

The following message shows a 997 for a rejected functional group with only one transaction set.

ISA*00* *00* *ZZ*INFOTECHWEBSVCS*ZZ*C1900000000000000000000000000000000000320*0*P*: GS*FA*INFOTECHWEBSVCS*C1900000000000000*20030923*1255*311*X*004010X098A1 ST*997*0309 AK1*HC*0 AK2*837*0005 --A indicates accepted Transaction set AK5***A** AK2*837*0002 AK3*CLM*21*2300*8 -- CLM segment in loop 2300 has error AK4*2*782*7 AK3*DMG*17**2 AK3*SE*186*837P AK3*HL*13*2000B*3 --R indicates Rejected Transaction set AK5***R***5*4 AK2*837*0003 --R indicates accepted Transaction set AK5***A** AK9*P*3*3*2 SE*17*0309 GE*1*311 IEA*1*00000320

7.0 CROSSWALK MAPPINGS

7.1 MAPPING SD/MC CLAIM CODES TO 837P

This section helps in uniquely translating SD/MC program code, mode of service, and service function code to HIPAA compliant 837P procedure code, Modifier1, Modifier2, Modifier3, Modifier4, place of service and line note.

7.1.1 TABLE A - CROSSOVER INDICATOR CROSSWALK

SD/MC Code	SD/MC Code Description	837P Field/Name 1	Value 1	837P Field/Name 2	Value 2
Blank	No Medicaid or other health coverage	other health Assignment Code except "C"		Loop 2320 is not present	
Н	Non-Medicaid certified provider	CLM07/Medicare Assignment Code	С	Loop 2320 is not present	
N	Medicaid covered recipient, however either Medicare denied the claim or the claim is for services that Medicare does not cover.	Loop 2320, SBR09/Claim Filing Indicator Code	МВ	Loop 2320, AMT02/COB Allowed Amount	0 (Zero)
P	Other health coverage	Loop 2320, SBR09/Claim Filing Indicator Code	10, 11, 12, 13, 14, 15, 16, AM, BL, CH, CI, DS, HM, LI, LM, OF, TV, VA, WC, ZZ	Loop 2320, AMT02/COB Payer Paid Amount (837P)or Prior Payer Payment (837I)	Greater than zero.
X	Medicaid coverage	Loop 2320, SBR09/Claim Filing Indicator Code	МВ	Loop 2320, AMT02/COB Payer Paid Amount (837P)or Prior Payer Payment (837I)	Greater than zero.

7.1.2 TABLE B – SERVICE CODE CROSSWALK

Program Code	Mode of Service	Service Function Codes ²	Service Description	Procedure Code	Unit/Basis Meas. Code	Procedure Modifier 1	Procedure Modifier 2	Procedure Modifier 3	Procedure Modifier 4	Line Item Note ¹	Place of Service Code	
Non-Perinatal Programs (Program Code 20)												
20 Non perinatal	12 Out Patient	20	NTP - Methadone	H0020	Unit = 1 dose per day	HG – Opioid Addiction					22 – Outpatient Hospital	
20 Non perinatal	17 Clinic	20	NTP - Methadone	H0020	Unit = 1 dose per day	HG – Opioid Addiction					57 – Non Residential	
20 Non perinatal	12 Out Patient	22	NTP – Methadone –SACPA	H0020	Unit = 1 dose per day	HG – Opioid Addiction	H9 – Court Ordered				22 – Outpatient Hospital	
20 Non perinatal	17 Clinic	22	NTP – Methadone –SACPA	H0020	Unit = 1 dose per day	HG – Opioid Addiction	H9 – Court Ordered				57 – Non Residential	
20 Non perinatal	12 – Out Patient	23	NTP – LAAM	H0047	Unit = 1 dose per day	HG – Opioid Addiction				1 – LAAM	22 – Outpatient Hospital	
20 Non perinatal	17 Clinic	23	NTP - LAAM	H0047	Unit = 1 dose per day	HG – Opioid Addiction				1 – LAAM	57 – Non Residential	
20 Non perinatal	12 – Out Patient	25	NTP – LAAM – SACPA	H0047	Unit = 1 dose per day	HG – Opioid Addiction	H9 – Court Ordered			1 – LAAM	22 – Outpatient Hospital	
20 Non perinatal	17 Clinic	25	NTP – LAAM – SACPA	H0047	Unit = 1 dose per day	HG – Opioid Addiction	H9 – Court Ordered			1 – LAAM	57 – Non Residential	
20 Non perinatal	12 – Out Patient	26	NTP – Individual Counseling	H0004	Unit = 15 min (1 ADP Unit = 10 min or 0.67 Units)	HG – Opioid Addiction					22 – Outpatient Hospital	
20 Non perinatal	17 Clinic	26	NTP – Individual Counseling	H0004	Unit = 15 min (1 ADP Unit = 10 min or 0.67 Units)	HG – Opioid Addiction					57 – Non Residential	
20 Non perinatal	12 – Out Patient	27	NTP – Individual Counseling – SACPA	H0004	Unit = 15 min (1 ADP Unit = 10 min or 0.67 Units)	HG – Opioid Addiction	H9 – Court Ordered				22 – Outpatient Hospital	

Program Code	Mode of Service	Service Function Codes ²	Service Description	Procedure Code	Unit/Basis Meas. Code	Procedure Modifier 1	Procedure Modifier 2	Procedure Modifier 3	Procedure Modifier 4	Line Item Note 1	Place of Service Code
20 Non perinatal	17 Clinic	27	NTP – Individual Counseling - SACPA	H0004	Unit = 15 Min (1 ADP Unit = 10 min or 0.67 Units)	HG – Opioid Addiction	H9 – Court Ordered				57 – Non Residential
20 Non perinatal	12 Out Patient	28	NTP – Group Counseling	H0005	Unit = 15 min (1 ADP Unit = 10 min or 0.67 Units)	HG – Opioid Addiction					22 – Outpatient Hospital
20 Non perinatal	17 Clinic	28	NTP – Group Counseling	H0005	Unit = 15 min (1 ADP Unit = 10 min or 0.67 Units)	HG – Opioid Addiction					57 – Non Residential
20 Non perinatal	12 Out Patient	29	NTP – Group Counseling – SACPA	H0005	Unit = 15 min (1 ADP Unit = 10 min or 0.67 Units)	HG – Opioid Addiction	H9 – Court Ordered				22 – Outpatient Hospital
20 Non perinatal	17 Clinic	29	NTP – Group Counseling – SACPA	H0005	Unit = 15 min (1 ADP Unit = 10 min or 0.67 Units)	HG – Opioid Addiction	H9 – Court Ordered				57 – Non Residential
20 Non perinatal	12 Out Patient	30	Day Care Rehabilitative (DCR)	H0015	Unit = 1 service day	HA – Child /Adolescent Program					22 – Outpatient Hospital
20 Non perinatal	17 Clinic	30	Day Care Rehabilitative (DCR)	H0015	Unit = 1 service day	HA – Child /Adolescent Program					57 – Non Residential
20 Non perinatal	12 Out Patient	39	Day Care Rehabilitative (DCR) – SACPA	H0015	Unit = 1 service day	HA – Child /Adolescent Program	H9 – Court Ordered				22 – Outpatient Hospital
20 Non perinatal	17 Clinic	39	Day Care Rehabilitative (DCR) - SACPA	H0015	Unit = 1 service day	HA – Child /Adolescent Program	H9 – Court Ordered				57 – Non Residential
20 Non perinatal	12 Out Patient	50	Naltrexone (NAL)	H0047	Unit = 1 service day	HG – Opioid Addiction				2 – NAL	22 – Outpatient Hospital
20 Non perinatal	17 Clinic	50	Naltrexone (NAL)	H0047	Unit = 1 service day	HG – Opioid Addiction				2 – NAL	57 – Non Residential
20 Non perinatal	12 Out Patient	50	Naltrexone (NAL) – SACPA	H0047	Unit = 1 service day	HG – Opioid Addiction	H9 – Court Ordered			2 – NAL	22 – Outpatient Hospital
20 Non perinatal	17 Clinic	50	Naltrexone (NAL) - SACPA	H0047	Unit = 1 service day	HG – Opioid Addiction	H9 – Court Ordered			2 – NAL	57 – Non Residential

Program Code	Mode of Service	Service Function Codes ²	Service Description	Procedure Code	Unit/Basis Meas. Code	Procedure Modifier 1	Procedure Modifier 2	Procedure Modifier 3	Procedure Modifier 4	Line Item Note ¹	Place of Service Code
20 Non perinatal	12 Out Patient	80	ODF – Individual Counseling	H0004	Unit = 1 service day (Per Person)	HF – Substance Abuse					22 – Outpatient Hospital
20 Non perinatal	17 Clinic	80	ODF – Individual Counseling	H0004	Unit = 1 service day (Per Person)	HF – Substance Abuse					57 – Non Residentia
20 Non perinatal	12 Out Patient	84	ODF – Individual Counseling – SACPA	H0004	Unit = 1 service day (Per Person)	HF – Substance Abuse	H9 – Court Ordered				22 – Outpatient Hospital
20 Non perinatal	17 Clinic	84	ODF – Individual Counseling - SACPA	H0004	Unit = 1 service day (Per Person)	HF – Substance Abuse	H9 – Court Ordered				57 – Non Residentia
20 Non perinatal	12 Out Patient	85	ODF – Group Counseling	H0005	Unit = 1 service day (Per Person)						22 – Outpatient Hospital
20 Non perinatal	17 Clinic	85	ODF – Group Counseling	H0005	Unit = 1 service day (Per Person)						57 – Non Residentia
20 Non perinatal	12 Out Patient	89	ODF – Group Counseling – SACPA	H0005	Unit = 1 service day (Per Person)	H9 – Court Ordered					22 – Outpatient Hospital
20 Non perinatal	17 Clinic	89	ODF – Group Counseling – SACPA	H0005	Unit = 1 service day (Per Person)	H9 – Court Ordered					57 – Non Residentia
Perinatal Pro	ograms (Prog	ram Code 2	5)					-			
25 Perinatal	12 Out Patient	20	NTP - Methadone	H0020	Unit = 1 dose per day	HD – Pregnant Parenting Women's Program	HG – Opioid Addiction				22 – Outpatient Hospital
25 Perinatal	17 Clinic	20	NTP - Methadone	H0020	Unit = 1 dose per day	HD – Pregnant Parenting Women's Program	HG – Opioid Addiction				57 – Non Residentia
25 Perinatal	12 Out Patient	22	NTP – Methadone –SACPA	H0020	Unit = 1 dose per day	HD – Pregnant Parenting Women's Program	HG – Opioid Addiction	H9 – Court Ordered			22 – Outpatient Hospital
25 Perinatal	17 Clinic	22	NTP – Methadone –SACPA	H0020	Unit = 1 dose per day	HD – Pregnant Parenting Women's Program	HG – Opioid Addiction	H9 – Court Ordered			57 – Non Residentia

Program Code	Mode of Service	Service Function Codes ²	Service Description	Procedure Code	Unit/Basis Meas. Code	Procedure Modifier 1	Procedure Modifier 2	Procedure Modifier 3	Procedure Modifier 4	Line Item Note 1	Place of Service Code
25 Perinatal	12 Out Patient	26	NTP – Individual Counseling	H0004	Unit = 15 min (1 ADP Unit = 10 min or 0.67 Units)	HD – Pregnant Parenting Women's Program	HG – Opioid Addiction				22 – Outpatient Hospital
25 Perinatal	17 Clinic	26	NTP – Individual Counseling	H0004	Unit = 15 min (1 ADP Unit = 10 min or 0.67 Units)	HD – Pregnant Parenting Women's Program	HG – Opioid Addiction				57 – Non Residential
25 Perinatal	12 Out Patient	27	NTP – Individual Counseling – SACPA	H0004	Unit = 15 min (1 ADP Unit = 10 min or 0.67 Units)	HD – Pregnant Parenting Women's Program	HG – Opioid Addiction	H9 – Court Ordered			22 – Outpatient Hospital
25 Perinatal	17 Clinic	27	NTP – Individual Counseling - SACPA	H0004	Unit = 15 Min (1 ADP Unit = 10 min or 0.67 Units)	HD – Pregnant Parenting Women's Program	HG – Opioid Addiction	H9 – Court Ordered			57 – Non Residential
25 Perinatal	12 Out Patient	28	NTP – Group Counseling	H0005	Unit = 15 Min (1 ADP Unit = 10 min or 0.67 Units)	HD – Pregnant Parenting Women's Program	HG – Opioid Addiction				22 – Outpatient Hospital
25 Perinatal	17 Clinic	28	NTP – Group Counseling	H0005	Unit = 15 Min (1 ADP Unit = 10 min or 0.67 Units)	HD – Pregnant Parenting Women's Program	HG – Opioid Addiction				57 – Non Residential
25 Perinatal	12 Out Patient	29	NTP – Group Counseling – SACPA	H0005	Unit = 15 Min (1 ADP Unit = 10 min or 0.67 Units)	HD – Pregnant Parenting Women's Program	HG – Opioid Addiction	H9 – Court Ordered			22 – Outpatient Hospital
25 Perinatal	17 Clinic	29	NTP – Group Counseling – SACPA	H0005	Unit = 15 Min (1 ADP Unit = 10 min or 0.67 Units)	HD – Pregnant Parenting Women's Program	HG – Opioid Addiction	H9 – Court Ordered			57 – Non Residential
25 Perinatal	12 Out Patient	30	Day Care Rehabilitative (DCR)	H0015	Unit = 1 service day	HD – Pregnant Parenting Women's Program	HA – Child /Adolescent Program				22 – Outpatient Hospital
25 Perinatal	17 Clinic	30	Day Care Rehabilitative (DCR)	H0015	Unit = 1 service day	HD – Pregnant Parenting Women's Program	HA – Child /Adolescent Program				57 – Non Residential
25 Perinatal	12 Out Patient	39	Day Care Rehabilitative (DCR) – SACPA	H0015	Unit = 1 service day	HD – Pregnant Parenting Women's Program	HA – Child /Adolescent Program	H9 – Court Ordered			22 – Outpatient Hospital
25 Perinatal	17 Clinic	39	Day Care Rehabilitative (DCR) – SACPA	H0015	Unit = 1 service day	HD – Pregnant Parenting Women's Program	HA – Child /Adolescent Program	H9 – Court Ordered			57 – Non Residential
25 Perinatal	12 Out Patient	40	Perinatal Residential (RES) – Short-term	H0018	Unit = 1 service day	HD – Pregnant Parenting Women's Program	HF – Substance Abuse				55 – Residential

Program Code	Mode of Service	Service Function Codes ²	Service Description	Procedure Code	Unit/Basis Meas. Code	Procedure Modifier 1	Procedure Modifier 2	Procedure Modifier 3	Procedure Modifier 4	Line Item Note ¹	Place of Service Code
25 Perinatal	17 Clinic	40	Perinatal Residential (RES) – Long-term	H0019	Unit = 1 service day	HD – Pregnant Parenting Women's Program	HF – Substance Abuse				55 – Residential
25 Perinatal	12 Out Patient	49	Perinatal Residential (RES) – Short-term – SACPA	H0018	Unit = 1 service day	HD – Pregnant Parenting Women's Program	HF – Substance Abuse	H9 – Court Ordered			55 – Residential
25 Perinatal	17 Clinic	49	Perinatal Residential (RES) – Long-term – SACPA	H0019	Unit = 1 service day	HD – Pregnant Parenting Women's Program	HF – Substance Abuse	H9 – Court Ordered			55 – Residential
25 Perinatal	12 Out Patient	80	ODF – Individual Counseling	H0004	Unit = 1 service day (Per Person)	HD – Pregnant Parenting Women's Program	HF – Substance Abuse				22 – Outpatient Hospital
25 Perinatal	17 Clinic	80	ODF – Individual Counseling	H0004	Unit = 1 service day (Per Person)	HD – Pregnant Parenting Women's Program	HF – Substance Abuse				57 – Non Residential
25 Perinatal	12 Out Patient	84	ODF – Individual Counseling – SACPA	H0004	Unit = 1 service day (Per Person)	HD – Pregnant Parenting Women's Program	HF – Substance Abuse	H9 – Court Ordered			22 – Outpatient Hospital
25 Perinatal	17 Clinic	84	ODF – Individual Counseling - SACPA	H0004	Unit = 1 service day (Per Person)	HD – Pregnant Parenting Women's Program	HF – Substance Abuse	H9 – Court Ordered			57 – Non Residential
25 Perinatal	12 Out Patient	85	ODF – Group Counseling	H0005	Unit = 1 service day (Per Person)	HD – Pregnant Parenting Women's Program					22 – Outpatient Hospital
25 Perinatal	17 Clinic	85	ODF – Group Counseling	H0005	Unit = 1 service day (Per Person)	HD – Pregnant Parenting Women's Program					57 – Non Residential
25 Perinatal	12 Out Patient	89	ODF – Group Counseling – SACPA	H0005	Unit = 1 service day (Per Person)	HD – Pregnant Parenting Women's Program	H9 – Court Ordered				22 – Outpatient Hospital
25 Perinatal	17 Clinic	89	ODF – Group Counseling – SACPA	H0005	Unit = 1 service day (Per Person)	H9 – Court Ordered	H9 – Court Ordered				57 – Non Residential

7.1.3 TABLE C – MINUTES TO UNITS CONVERSION

To convert the SD/MC 10-minute unit of service to the 15 minute HIPAA unit of service:

- Multiply the minutes for each unit of service by 1/15 (0.066667) and round to two decimal places (column 1 x column 2)
 - o For example, 20 minutes, representing 2 units of counseling → (20 x 0.066667 = 1.33 HIPAA Units). 1.33 should be entered into the 837.
- The result will be the HIPAA unit(s), which is to be entered in the 837 for the applicable service's Procedure Code (column 3).
- The translator will multiply the resulting HIPAA units by 15 and round to zero decimal places to obtain SD/MC unit(s) of service for processing.

This conversion should be used only for NTP Group and Individual Counseling. ADP approves these services in units representing 10-minute increments. The 10-minute increment for units of service should be claimed consistent with the chart below.

	Must Calcul	ontract Provider late & Enter AA Unit	State Translator Will Convert to Proprietary DMC Unit for SD/MC Process			
Column 0	Column 1	Column 2	Column 3 (Col. 1 x Col. 2)	Column 4	Column 5 (Col. 3 x Col. 4) (Rounded)	Column 6
DMC Unit	Minutes of Service per Unit	Multiply by:	Converted to HIPAA Units, Equals:	Mult. Factor (15 x HIPAA Unit)	Equals DMC Minutes	DMC Prop. Unit
1	10	0.066667	0.67	15	10	1
2	20	0.066667	1.33	15	20	2

	County/Direct Co Must Calcul the HIP	ate & Enter	State Translator Will Convert to Proprietary DMC Unit for SD/MC Process			
Column 0	Column 0 Column 1		Column 3 (Col. 1 x Col. 2)	Column 4	Column 5 (Col. 3 x Col. 4) (Rounded)	Column 6
DMC Unit	Minutes of Service per Unit	Multiply by:	Converted to HIPAA Units, Equals:	Mult. Factor (15 x HIPAA Unit)	Equals DMC Minutes	DMC Prop. Unit
3	30	0.066667	2.00	15	30	3
4	40	0.066667	2.67	15	40	4
5	50	0.066667	3.33	15	50	5
6	60	0.066667	4.00	15	60	6
7	70	0.066667	4.67	15	70	7
8	80	0.066667	5.33	15	80	8
9	90	0.066667	6.00	15	90	9
10	100	0.066667	6.67	15	100	10
11	110	0.066667	7.33	15	110	11
12	120	0.066667	8.00	15	120	12
13	130	0.066667	8.67	15	130	13
14	140	0.066667	9.33	15	140	14
15	150	0.066667	10.00	15	150	15
16	160	0.066667	10.67	15	160	16
17	170	0.066667	11.33	15	170	17

	County/Direct C Must Calcul the HIP		State Translator Will Convert to Proprietary DMC Unit for SD/MC Process			
Column 0	Column 1	Column 2	Column 3 (Col. 1 x Col. 2)	Column 4	Column 5 (Col. 3 x Col. 4) (Rounded)	Column 6
DMC Unit	Minutes of Service per Unit	Multiply by:	Converted to HIPAA Units, Equals:	Mult. Factor (15 x HIPAA Unit)	Equals DMC Minutes	DMC Prop. Unit
18	180	0.066667	12.00	15	180	18
19	190	0.066667	12.67	15	190	19
20	200	0.066667	13.33	15	200	20

7.1.4 TABLE D - DUPLICATE PAYMENT OVERRIDE CODE CROSSWALK

SD/MC Code	SD/MC Code Description	Procedure Modifier	Modifier Description
Y	Override duplicate billing edit	59	Distinct Procedural Service
Y	Override duplicate billing edit	76	Repeat Procedure by Same person
Y	Override duplicate billing edit	77	Repeat Procedure by Different person
Blank	Do not override duplicate billing edit		

If a procedure modifier of 59, 76, or 77 appears at the service line the "Translator" will put a "Y" in the "Duplicate Payment Override" field on the SD/MC claim legacy system.

7.1.5 TABLE E - DELAY REASON CODE CROSSWALK

SD/MC Late Billing Override Code	Description	HIPAA Delay Reason Code	HIPAA Descriptions
A	Patient or legal representative's failure to present Medi-Cal identification	1	Proof of Eligibility Unknown or Unavailable
В	Billing involving other coverage including, but not limited to Medicare, Ross-Loos or CHAPMUS	7	Third Party Processing Delay
С	Circumstances beyond the control of the local program/provider regarding delay or error in the certification of Medi-Cal eligibility of the beneficiary by the state or county.	8	Delay in Eligibility Determination
D	Circumstances beyond the control of the local program/provider regarding delays caused by natural disaster, willful acts by an employee, delays in provider certification, or other circumstances that have been reported to the appropriate law enforcement or fire agency, when applicable.	4, 11	4 = Delay in Certifying Provider 11 = Other
Е	Special circumstances that cause a billing delay such as a court decision or fair hearing decision.	10	Administrative Delay in Prior Approval Process.
F	Initiation of legal proceedings to obtain payment of a liable third party pursuant to Section 14115 of the Welfare and Institutions Code (WIC).	2	Litigation
Blank	Do not override late billing		

7.1.6 TABLE F – ICD-9 CODES CROSSWALK

ICD-9-CM Diagnostic Code	ICD-9-CM Description	DSM Diagnostic Code	DSM IV Description
303.00	Acute Intoxication with Alcoholism	30300	Alcohol Intoxication
303.90	Other And Unspecified Alcohol Dependence - Unspecified	30390	Alcohol Dependence
304.00	Opioid Type Dependence - Unspecified	30400	Opioid Dependence
304.10	Barbiturate And Similarly Acting Sedative Or Hypnotic Dependence - Unspecified	30410	Sedative, Hypnotic, or Anxiolytic Dependence
304.20	Cocaine Dependence - Unspecified	30420	Cocaine Dependence
304.30	Cannabis Dependence - Unspecified	30430	Cannabis Dependence
304.40	Amphetamine And Other Psychostimulant Dependence - Unspecified	30440	Amphetamine Dependence
304.50	Hallucinogen Dependence - Unspecified	30450	Hallucinogen Dependence
304.60	Other Specified Drug Dependence - Unspecified	30460	Inhalant Dependence or Phencyclidine Dependence
304.70	Combinations of Opioid Type Drug With Any Other - Unspecified	30470	N/A
304.80	Combinations Of Drug Dependence Excluding Opioid Type Drug - Unspecified	30480	Polysubstance Dependence
304.90	Unspecified Drug Dependence - Unspecified	30490	Other (or Unknown) Substance Dependence
305.00	Alcohol Abuse - Unspecified	30500	Alcohol Abuse*
305.20	Cannabis Abuse - Unspecified	30520	Cannabis Abuse
305.30	Hallucinogen Abuse - Unspecified	30530	Hallucinogen Abuse
305.40	Barbiturate And Similarly Acting Sedative Or Hypnotic Abuse - Unspecified	30540	Sedative, Hypnotic, or Anxiolytic Abuse
305.50	Opioid Abuse - Unspecified	30550	Opioid Abuse
305.60	Cocaine Abuse - Unspecified	30560	Cocaine Abuse
305.70	Amphetamine or Related Acting Sympathomimetic Abuse - Unspecified	30570	Amphetamine Abuse
305.80	Antidepressant Type Abuse - Unspecified	30580	N/A
305.90	Other, Mixed, Or Unspecified Drug Abuse - Unspecified	30590	Caffeine Intoxification, Inhalant Abuse, Phencyclidine Abuse, or Other (or Unknown) Substance Abuse

 $[\]ast$ "alcohol abuse" may include a cute alcohol intoxication without alcoholism

Applying the "Fifth Digit"

The ICD-9-CM does augment the DSM III/IV determination in that assessment must identify and include a fifth digit indicating the client's pattern of use. The digit and corresponding patterns are indicated in the following table:

Code	Pattern of Use	Alcohol Use	Drug Use
0	Unspecified	Not specified in documentation.	Not specified in documentation.
1	Continuous	Daily intake of large amounts of alcohol or regular heavy drinking on weekends or days off from work.	Daily, or almost daily, use of drugs.
2	Episodic	Alcoholic binges lasting weeks or months followed by long periods of sobriety.	Short periods between drug use, or use on weekends.
3	Remission	A complete cessation of alcohol intake or a period of time during which a decrease toward cessation is taking place.	A complete cessation of drug intake or a period of time during which a decrease toward cessation is taking place.

The following table provides a comparative illustration of ICD-9 fifth digit parameters with DSM III fifth digit parameters. The DSM III fifth digit definitions are not distinct for alcohol use and drug use.

	Course/	DOM HIM D. C. 14	ICD-9 D	efinition
Code	Pattern of Use ¹	DSM III/IV Definition	Alcohol Use	Drug Use
0	Unspecified	Course unknown or first signs of illness with respect to course uncertain.	Not specified in documentation.	Not specified in documentation.
1	Continuous	More or less regular maladaptive use for over six months.	Daily intake of large amounts of alcohol or regular heavy drinking on weekends or days off from work.	Daily, or almost daily, use of drugs.
2	Episodic	A fairly circumscribed period of maladaptive use, with one or more similar periods in the past.	Alcoholic binges lasting weeks or months followed by long periods of sobriety.	Short periods between drug use, or use on weekends.
3	Remission	Previous maladaptive use, but not using substance at present. The differentiation of remission from no longer ill and from the other course categories requires consideration of the period of time since the last period of disturbance, the total duration of the disturbance and the need for continued evaluation for prophylactic treatment.	A complete cessation of alcohol intake or a period of time during which a decrease toward cessation is taking place.	A complete cessation of drug intake or a period of time during which a decrease toward cessation is taking place.

^{1 -} The DSM-III uses the term "Course."

7.1.7 TABLE G – TRANSLATOR ERRORS

#	SD/MC Field Name	Value Required/Expected	Value Found	Category	Resolution	Error Message
1	Claim ID - Claim Type	ADP	Correct value not found	FATAL	Reject the complete file	The value 'A' was not found for the Claim Type, instead found xxxxx Transaction Aborted
2	Claim ID - Provider Code	4 digit code	No code found at any level	FATAL	Reject the complete file	The provider code was not found or was of invalid length Transaction Aborted
3	Claim ID - Provider Code	4 digit code	Code found but has invalid length (e.g. > 4 digits)	FATAL	Reject the complete file	The provider code was not found or was of invalid length Transaction Aborted
4	Claim ID - Provider Code	4 digit code	Codes in 2300 and 2400 loops don't match	INFO	Use code from 2400 loop	Provider Code Mismatch : 2300 code - xxxx , 2400 code - xxxx
5	Claim ID - Claim Serial	5 digit code	No code found	FATAL	Reject the complete file	The claim serial number was not found Transaction Aborted
6	Program Code	20 or 25 for ADP	No Value Found or Incorrect Value Found	FATAL	Reject the complete file	Invalid program code Transaction Aborted
7	Program Code/Mode of Service	one result from database query	No code translation is found	FATAL	Reject the complete file	No code crosswalk found Transaction Aborted
8	Program Code/Mode of Service	one result from database query	Multiple translations are found	FATAL	Reject the complete file	Multiple code crosswalks found. Transaction Aborted
9	Patient Name	last and first names (total 14 chars)	Last or First Name greater than the required number of characters	INFO	Use whole Last Name or first 11 Characters of Last Name and 3 characters of First Name	Patient Name truncated to fit the 14 character field.
10	Patient record number	<= 9 characters long	Longer than 9 characters	INFO	Use the first 9 characters	Patient Record number has been truncated to fit the 9 character field.
11	Beneficiary ID	<= 14 characters long	longer than 14 characters	FATAL	Reject the complete file	Beneficiary ID length is too long,

#	SD/MC Field Name	Value Required/Expected	Value Found	Category	Resolution	Error Message
						transaction aborted.
12	Service first and last dates	Must be within the same month and year.		FATAL	Reject the complete file	Claim cannot cross months and years, transaction aborted
13	Units of Time (DMH only)	4 digit code needs to be populated in units of time field	a value grater than 9999	FATAL	Reject the complete file	Invalid Units of Time, transaction aborted.
14	Units of Service (DMH only)	3 digit code needs to be populated in units of service field	SV104 rounded value is greater than 999	FATAL	Reject the complete file	Invalid Units of Service, transaction aborted.
15	Total Billed Amount	a double value	Value greater than 8 characters long	FATAL	Reject the complete file	Invalid length of Total Amount Billed, transaction aborted.
16	Late Billing Override Code	specific 2-digit codes	No code translation found in database	FATAL	Reject the complete file	Invalid Late Billing Override Code, transaction aborted.
17	Late Billing Override Code	specific 2-digit codes	Multiple code translation found in database	FATAL	Reject the complete file	Invalid Late Billing Override Code, transaction aborted.
18	Crossover indicator	2 digit code	SBR09 is not from the list of valid codes	FATAL	Reject the complete file	No value or unknown value found, transaction aborted.
19	General Exception			URGENT	Varies depending on which component the exception occurred in	Exception found: dynamic message
20	Service Year and Month	Same value for all claims in a submission	Multiple Service Year and Months	FATAL	Reject the complete file	Multiple Service Year and Month Found in File

7.2 MAPPING SD/MC EOB CODES TO 835

This section helps in uniquely translating Short Doyle Medi-Cal System (SD/MC) codes to that of HIPAA compliant codes and vice versa. These mappings are stated in the tables.

7.2.1 TABLE A - SORT KEY CROSSWALK

Sort Key (Claim Adjudication Type)		Claim Status Code		
A	Approved Claim	25	Predetermination Pricing Only, No payment	
D	Denied Claim	4 Denied		

Notes:

- If at least one service on a claim is approved, code "25" will be used. Review the service level information to determine if any lines have been suspended or denied.
- If all services have been denied, code "4" will be used.

7.2.2 TABLE B - THIRD PARTY LIABILITY INDICATOR CROSSWALK

SD/MC Value	835 Value	Description
A	AC	Any Carrier - Pay and Chase
В	BD	Blue Cross
С	СН	CHAMPUST Prime HMO
D	PR	Prudential
Е	AE	Aetna
F	FM	Medicare HMO
G	GA	General American
Н	MO	Mutual of Omaha
I	ML	Metropolitan Life
J	JH	John Hancock
K	KA	Kaiser
L	LD	Dental Only Policies
M	MU	Two or more carriers
P	PH	PHP/HMOs or EPO (Exclusive Provider Option)
S	BT	Blue Shield
Т	TR	Travelers
U	CG	Connecticut General/Equicor/Cigna
V	VA	Variable - any carrier other than the above, includes multiple coverage
W	GW	Great West Life
X	BS	Blue Shield
Z	ВС	Blue Cross
2	PL	Provident Life and Accident
3	PF	Principal Financial Group
4	PM	Pacific Mutual Life
5	AH	Alta Health Strategies
6	AA	AARP
8	NY	New York Life
9	9Н	Healthy Families Program
*	XM	Medicare Part A only
#	YM	Medicare Part B only
\$	ZM	Medicare Part A and Part B
N	n/a*	None
0	n/a*	Override
Blank	n/a*	No Medicare and No TPL/OHC

 $[\]ensuremath{^*}$ - These values will not cause data to be populated on the 835.

7.2.3 TABLE C - TRANSACTION CODES CROSSWALK

SD/MC Error Code	SD/MC Error Message	Adjustment Group	Adjustment Reason	Remarks Code	Comments
С	Unprocessable, invalid claim ID	СО	16	MA130	
D	Unprocessable, duplicate claim ID	СО	18	MA130	
F	Failed Edits (Approve/Deny) County Option	СО	A1	MA130	
N	Deny claim with non-Title XIX determination	СО	31	MA130	
0	Unprocessable, invalid override code	СО	138	MA130	This error had only the late override which crosswalks to the delay reason code below.
R	Unprocessable, Receipt date error		n/a		Will be generated by state.
S	Unprocessable, duplicate claim ID on Suspense	СО	18	MA130	
Т	Deny claim with tape submission error		n/a		This is not applicable to HIPAA transactions.
X	County requested denial of claim on suspense	OA	A1	MA130	
Blank	Claim denied after 97 days on suspense	СО	B5	MA130	

7.2.4 TABLE D - SD/MC ERROR CODES CROSSWALK

SD/MC Error	SD/MC Message	Error Field Indicators	Adjustment Group Reason		Remark Code	Comments
01	Data element is BLANK	203-204 Gender	СО	31	MA39	
01	Data element is BLANK	205-206 DOB year	СО	31	MA38	
01	Data element is BLANK	207-208 Service YYYYMM	СО	B18	MA66	
01	Data element is BLANK	211-212 Mode of Service	СО	B7	M51	
01	Data element is BLANK	215-216 Service Function	СО	В7	M51	
01	Data element is BLANK	221-222 Total Billed Amount	СО	16	M54	
01	Data element is BLANK	223-224 Claim For Date Claim Submitted	СО	16	M58	
01	Data element is BLANK	229-230 Race/Ethnicity				Value will be populated from MEDS.
02	Not a valid date	205-206 DOB year	СО	31	MA38	
02	Not a valid date	207-208 Service YYYYMM	СО	16	MA66	
02	Not a valid date	231-232 Service/Treatment Date	СО	16	MA66	
03	Invalid code	199-200 Crossover Indicator	СО	16	MA85	
03	Invalid code	201-202 Welfare ID	СО	31	MA61	
03	Invalid code	203-204 Gender	СО	31	MA39	
03	Invalid code	209-210 Provider Code	СО	В7	M57	
03	Invalid code	211-212 Mode of Service	СО	В7	M51	
03	Invalid code	215-216 Service Function	СО	В7	M51	
03	Invalid code	229-230 Race/Ethnicity				
03	Invalid code	233-234 Discharge Indicator	СО	16	N50	
03	Invalid code	235-236 Diagnosis	СО	16	M81	
04	Late submission	207-208 Service YYYYMM	СО	29		
05	Not valid day	231-232 Service/Treatment Date	СО	16	MA66	
06	Not numeric	205-206 DOB year	СО	31	MA66	
06	Not numeric	207-208 Service YYYYMM	СО	16	MA66	
06	Not numeric	209-210 Provider Code	СО	B7	M57	
06	Not numeric	211-212 Mode of Service	СО	B7	M51	
06	Not numeric	217-218 Units of Time	СО	16	N59	
06	Not numeric	219-220 Units of Service	СО	16	N59	
06	Not numeric	221-222 Billed Amount	СО	16	M54	
06	Not numeric	227-228 Admit Date	СО	16	MA40	
06	Not numeric	231-232 Service/Treatment Date	СО	16	MA66	

SD/MC Error	SD/MC Message Zero Claimed	Error Field Indicators		Adjustment Group Reason		Comments
07		217-218 Units of Time	СО	16	M53	
07	Zero Claimed	221-222 Billed Amount	CO	16	M54	
08	Mode not authorized	211-212 Mode of Service	CO	В7	N65	
08	Mode not authorized	209-210 Provider Code	СО	B7	MA129	
09	Ineligible in month and year	201-202 Welfare ID	PR	26	N59	
09	Ineligible in month and year	207-208 Service YYYYMM	PR	26	N59	
09	Ineligible in month and year	209-210 Provider Code	СО	В7	MA129	
10	Conflicts with eligibility file	199-200 Crossover Indicator	СО	16	MA85	
10	Conflicts with eligibility file	203-204 Gender	СО	31	MA21	
10	Conflicts with eligibility file	205-206 DOB year	СО	31	MA38	
10	Conflicts with eligibility file	225-226 Name	СО	31	MA21	
11	Not on eligibility file.	201-202 Welfare ID	PR	31	N59	
12	Not on DHS provider file	209-210 Provider Code	PI	В7	M57	
13	Program not authorized in month and year	207-208 Service YYYYMM	СО	В7	N56	
13	Program not authorized in month and year	209-210 Provider Code	СО	В7	MA129	
13	Program not authorized in month and year	211-212 Mode of Service	СО	В7	N56	
14	Mode not authorized in month and year	207-208 Service YYYYMM	СО	В7	N56	
14	Mode not authorized in month and year	209-210 Provider Code	СО	В7	MA129	
14	Mode not authorized in month and year	211-212 Mode of Service	СО	В7	N56	
15	No secondary match	201-202 Welfare ID	CO	31	N59	
16	Service date greater than receipt date.	207-208 Service YYYYMM	СО	110	N59	
17	Healthy Families hold period.	201-202 Welfare ID	СО	16	M16	Counties receiving this combination should review ADP Information Letter 98-14 for additional information.

SD/MC Error	SD/MC Message	Error Field Indicators		stment Reason	Remark Code	Comments
17	Healthy Families hold period.	207-208 Service YYYYMM	СО	16	M16	Counties receiving this combination should review ADP Information Letter 98-14 for additional information.
18	Claim too old for eligibility check	201-202 Welfare ID	СО	31	N1	
19	Invalid Service Function Code	215-216 Service Function	СО	В7	N65	
20	Units of service are not less than or equal to the units of time	217-218 Units of Time	СО	16	M53	
20	Units of service are not less than or equal to the units of time	219-220 Units of Service	СО	16	M53	
21	Invalid drug code	235-236 Diagnosis	СО	11	MA63	
22	Date range not allowed	231-232 Service/Treatment Date	СО	16	N74	
23	Units of service are greater than allowed (in Duplicate Error Column - Duplicate service, in ADP Error Column - Units are greater than allowed, and Units of Service Error Column - number of service units greater than allowed).	197-198 Duplicate	СО	119	M86	
23	Units of service are greater than allowed (in Duplicate Error Column - Duplicate service, in ADP Error Column - Units are greater than allowed, and Units of Service Error Column - number of service units greater than allowed).	217-218 Units of Time	СО	119	M86	
23	Units of service are greater than allowed (in Duplicate Error Column - Duplicate service, in ADP Error Column - Units are greater than allowed, and Units of Service Error Column - number of service units greater than allowed).	219-220 Units of Service	СО	119	M53	

SD/MC Error	SD/MC Message	Error Field Indicators	Adjustment Group Reason		Remark Code	Comments
24	To date is greater than from date.	231-232 Service/Treatment Date	СО	16	MA31	
25	Units not equal to days.	217-218 Units of Time	СО	16	M53	
25	Units not equal to days.	219-220 Units of Service	СО	16	M53	
25	Units not equal to days.	221-222 Billed Amount	СО	42	M54	
25	Units not equal to days.	233-234 Discharge Indicator	СО	16	M53	
26	Duplicate Service - No Override	197-198 Duplicate	СО	18	M63	
27	Multiple Service - Override OK	197-198 Duplicate	СО	18	M80	
28	Greater than two outpatient services	197-198 Duplicate	СО	119	N59	
29	Service Function Not Authorized	215-216 Service Function	СО	В7	N65	
30	Service Function Not Authorized in month and year	215-216 Service Function	СО	В7	N65	
31	Medicare Coverage Part, HIC #	199-200 Crossover Indicator	СО	16	MA85	
31	Medicare Coverage Part, HIC #	221-222 Billed Amount	СО	16	MA85	
32	Other Coverage Indicator	199-200 Crossover Indicator	СО	16	MA92	
32	Other Coverage Indicator	221-222 Billed Amount	СО	16	MA92	
33	Claims less than two days of LAAM dose	197-198 Duplicate	СО	В5	N14	
34	Dollars greater than allowed	197-198 Duplicate	СО	18	N20	
34	Dollars greater than allowed	217-218 Units of Time	СО	42	N14	
34	Dollars greater than allowed	219-220 Units of Service	СО	42	N14	
34	Dollars greater than allowed	221-222 Billed Amount	СО	42	N14	
35	Two doses in one day not allowed	197-198 Duplicate	СО	119	M86	

8.0 UNIQUE CLAIM IDENTIFIERS

8.1 SD/MC REQUIREMENTS

The Short/Doyle Medi-Cal system requires a Unique Claim ID for all claims. The Unique Claim ID is located in Cols 1-10 in the Proprietary SD/MC Layout. This Claim ID is populated as follows:

Field	Length	Usage
Claim Type (Col 1)	1	A – for ADP
Provider Code (Cols 2-5)	4	4-digit Provider Code
Claim Serial Number (Cols 6-10)	5	5-digit sequentially increasing number

Some of the important considerations for creating unique Claim IDs for the SD/MC system are:

- The Claim Serial Number should be incremented per provider. For example, the following Claim IDs are accepted A192100001, A192100002, A194500001
- No single file can have duplicate Claim IDs; all duplicates are denied
- Once a claim is approved or denied, its Claim ID can be reused. If a claim is suspended, then its Claim ID should not be used until that claim is either corrected or aged denied. If a suspended Claim ID is reused, the new claim will be denied.
- ADP recommends that trading partners increment the claim serial number per provider until all the possible serial numbers are exhausted, before reusing the serial numbers for that provider. This will avoid duplicates due to suspensions.

8.2 HIPAA TRANSLATOR REQUIREMENTS

The ADP HIPAA Translator enforces the same constraints on claims as the SD/MC system in regards to unique IDs. The Claim ID for each SD/MC claim is assembled from different loops and segments of the HIPAA 837P transaction set. The Translator considers each service line loop (2400) in the 837P as an SD/MC claim and hence the claim serial number is always required in this loop. The SD/MC Claim ID is assembled as follows:

10	The value "ADP" is expected 10-digit NPI is expected and used to crosswalk to the DMC Number. The 4 character DMC Number is then used for the SD/MC provider Code.	4
10	crosswalk to the DMC Number. The 4 character DMC Number is then used	4
30	Only the first 5 digits are used. A 5-digit sequentially increasing number is expected in the first 5 digits.	5

Some of the important considerations while creating unique Claim IDs for 837P transaction sets are:

- The Translator verifies the uniqueness of each 10-character Claim ID (extracted as described above) for each service month. This Claim ID is passed on to the SD/MC system which further verifies the uniqueness and compares it to the claims in suspense.
- The Line Item Control Number should be populated with a 5-digit serial number first. The submitter is allowed to append an additional 25-character control string. All 30-characters are returned on the 835 and the first 23 characters are returned on the EOB (until it is retired) for that claim.
- Duplicate Claim IDs will cause the entire file to be rejected and a message will be displayed on ITWS which will identify the first claim that was a duplicate.
- Once a claim is approved or denied, its Claim ID can be reused. If a claim is suspended, then its Claim ID should not be used until that claim is either corrected or aged denied. If a suspended Claim ID is reused, the new claim will be denied.
- ADP recommends that trading partners increment the claim serial number per provider until all the possible serial numbers are exhausted, before reusing the serial numbers for that provider. This will avoid duplicates due to suspensions.